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THE TAMIL NADU MEDICAL CODE

VOLUME I

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GOVERNMENT OF TAMIL NADU
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PREFACE

The Tamil Nadu Medical Code, Fifth Edition was last revised and published in the year 1959. Since then several changes have been introduced in the different aspects of the Medical Administration and a number of new programmes have also been launched in the State necessitating a thorough revision and remodelling of the Code. The Code, as now published, comprises of two volumes. The first contains the text of the Code and the second contains the Appendices. Much of the matter in the present Code is taken direct from the Fifth Edition of the Code with such modifications and omissions as are necessitated by the changes, which have taken place, since it was published. Further a considerable amount of new matter has also been incorporated to make the Code a more useful book.

2. A departmental Code of this kind will be subject to constant changes and corrections will have to be issued from time to time. Officers of the Medical Department should address the Director of Health Services and Family Planning through the proper channel, if they consider that any addition or alteration to the Code is called for. Any error or omission noticed by Officers of other departments may bring it to the notice of their respective Heads of Departments and the latter may address the Director, Health Services and Family Planning for the issue of suitable amendment to the Code.

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TAMIL NADU MEDICAL CODE

VOLUME I

CHAPTER I.

Tamil Nadu Health and Family Welfare and Medical Education Departments.

Section 1—General.

1. *Introductory.*—The administration of Medical Relief, Medical Education, Public Health and Family Planning is administered by two departments in the State of Tamil Nadu. They are (1) Health and Family Planning Department and (2) Medical Education Department. The Health and Family Planning Department consists of four wings :—

(1) Medical Wing, (2) State Family Planning Bureau, (3) Employees State Insurance Wing and (4) Public Health Wing. These four wings are under the control of the Director of Health Services and Family Planning. The Medical Wing looks after the administration of medical relief in the Tamil Nadu through the medical institutions which are not teaching institutions. The Medical Education Department is administering medical relief in the State through teaching Medical Institutions. It is also in-charge of Medical Education and research programme. The Public Health Wing of the Department of Health and Family Planning administers medical relief through the Primary Health Centres in rural areas in the State. Local Bodies like Corporations, Municipalities. Panchayat Unions and Panchayats also render medical relief in their areas by maintaining hospitals and dispensaries. The State Family Planning Bureau is in-charge of implementation of Family Planning Programme in the State according to the pattern laid down by the Government of India and orders issued by State Government for the purpose. The Employees State Insurance Wings is in-charge of administration of medical relief and treatment to the workers in industrial establishment and factories in the State as per provisions in the Employees State Insurance Act and rules and regulations and orders issued thereunder by the Government of India, Employees State Insurance Corportion and State Government.

2. *Medical Education.*—The Government maintain eight Medical Colleges as detailed below :—

(1) Madras Medical College, Madras.
(2) Stanley Medical College, Madras.
(3) Kilpauk Medical College, Madras.
(4) Thanjavur Medical College, Thanjavur.
(5) Coimbatore Medical College, Coimbatore.
(6) Chengalpattu Medical College, Chingalpattu.
(7) Madurai Medical College, Madurai.
(8) Tirunelveli Medical College, Tirunelveli.

The Medical Colleges under items 1 to 6 are affiliated to University of Madtas. The Medical Colleges under items 7 and 8 are affiliated to University of Madurai.

3. *Medical Research.*—(1) Medical Research is being carried on at the King Institute of Preventive Medicine, Guindy, near Madras and the Pasteur Institute at Coonoor (in the Nilgiris District). The former is maintained by the Government of Tamil Nadu and is under the control of the Medical Education Department, which the latter is a quasi-Public concern.

(2) With a view to promote Medical Research in this State, the Government have set up a State Research Committee and an annual grant not exceeding Rs. 65,000 is being paid to this Committee. The main purpose of the grant is to encourage State Research with the help of materials available in various medical institutions in the State. The grant is administered by a small Executive Committee of the State Research Committee in accordance with the rules laid down by Government from time to time.

Section 2—Director of Medical Services and Family welfare/ Director of Medical Education.

4. **Control and Superintendence**—(1) The Director of Medical Services and Family Welfare is the administrative head of the Medical Services and Family Planning Department. He is assisted in the performance of his duties by seventeen Gazetted Officers so far as Medical Wing is concerned, viz., Deputy Director of Health Services and Family Planning (Medical), Deputy Director of Medical Services and Family Planning (P & D), Assistant Director of Medical Services and Family Planning (Medical-I), Assistant Director of Medical Services and Family Planning (Medical-II), Deputy Director of Medical Services and Family Planning (Administration), Chief Accounts Officer, Deputy Director of Medical Services and Family Planning (Leprosy), State Tuberculosis Officer, Assistant to the Director of Medical Services and Family Planning (Nursing), Deputy State Drugs Controller, Assistant State Drugs Controller-I, Assistant State Drugs Controller-II, Manager, Gazetted Assistant (Nursing), Senior Accounts Officer, Publicity Officer (Tuberculosis) and Special Officer, Rehabilitation Homes.

In respect of Family Welfare Wing he is assisted by Deputy Director of Medical Services and Family Welfare (Family Welfare), Deputy Director of Medical Services and Family Welfare (Mass Education), two Assistant Directors of Medical Services and Family Welfare, Administrative Officer and Senior Accounts Officer. As regards E.S.I. Scheme he is assisted by the Deputy Director of Medical Services and Family Welfare (E.S.I.)., the Assistant Director of Medical Services and Family Welfare (E.S.I.) P.A. to D.D. (E.S.I.) Administrative Officer, Senior Accounts Officer and Gazetted Assistant (E.S.I.).

He is adviser to Government on all matters pertaining to Medical Administration including Public Health except in so far as they relate to Medical Education and Indian Medicine. The Department of Indian Medicine in this State is administered by a separate Head of Department designated as Director of Indian Medicine, Madras. The Director of Medical Services and Family Welfare is entrusted with the superintendence and control of all Government Medical Institutions which are not classified as teaching institutions. He has control under Government of the entire staff of the Department of Health Services and Family Welfare. He prepares the budget and controls the expenditure of the department and is responsible to Government for the due submission of all reports required to illustrate the working of the Institutions under his control. He carries out all trasfers affecting Medical Officers of the rank of Assistant Surgeons, Nursing Staff and other ancillary personnel.

(G.O. No. 761, dated 11th July 1911.
G.O. No. 937, Public, dated 29th August 1911.
G.O. No. 399, L., dated 28th April 1920.
G.O. No. 400, Health, dated 5th February 1951 and
G.O. No. 740, Health, dated 27th April 1966.)

(2) The Director of Medical Education is the administrative head of the Medical Education Department and is assisted in the performance of the duties by eleven Gazetted Officers, viz., Assistant or Deputy Director (Medical), Assistant Director of Medical Education (Academic and Research), Assistant Director of Medical Education (Hospitals and Dispensaries), Assistant Director of Medical Eduction (School Health Officer), Assistant Director of Medical Education (Administration), Chief Accounts Officer, Assistant Director of Medical Education (Nursing), Manager, Gazetted Assistant (Planning and Development), Gazetted Assisant (Inspection Cell) and Junior Accounts Officer. He is adviser to Government on all matters pertaining to Medical Education and Medical Research. The Director of Medical Education is entrusted with the Superintendence and control of allGovernment Teaching Medical Institutions, Medical Colleges and Research Institutions of Modern Medicine. He has control under Government of the entire staff of the Department. He prepares the budget and controls the expenditure of the department and is responsible to Government for the due submission of all reports required to illustrate the working of the Institutions under his cootrol. He carries out all transfers affecting Medical Officers of the rank of Assistant Surgeons, Nursing Staff and other ancillary personnel.

(G.O. Ms. No. 740, dated 27th April 696 and
G.O. Ms. No. 1425, Health, dated 4th August 1966.)

5. Relationship between the Director of Medical Education and Director of Medical Services and Family welfare.—The Director of Medical Services and Family Welfare is the Head of the Medical Department including Employees State Insurance, Family Planning and Public Health and the official adviser to Government in all matters pertaining to non-teaching Government Medical Institutions, Employees State Insurance Scheme, Family Planning and Public Health having direct access to Government in regard to the above matters provided that proposals relating to the recruitment of Assistant Surgeons, Gazetted Staff of the Tamil Nadu General Service and the Non-Gazetted Ministerial Staff relating to the Medical Education Department are forwarded to Government with the concurrence of the Director of Medical Education.

6. Inspection Duties.—(*a*) **Director of Medical Services and Family Welfare.**—(1) The Director of Medical Services and Family Welfare shall inspect at least once in two years the Medical Institutions under his control and also the District and Central Jails and also those institutions, which are in-charge of Civil Surgeons.

(2) Immediately after the inspection, the Director of Medical Services and Family Welfare shall furnish the officer in-charge of the institution and the District Medical Officer, when he is not the officer in-charge with his opinion of the manner in which the institution is administered and the extent to which officers are familiar with their duties together with any suggestions or orders he may have to make for the guidance of the staff in future. A copy of the Inspection Report shall also be forwarded to the Inspector-General of Prisons in the case of Jail Inspections. Where the Medical Institution inspected is managed by a local body, a copy shall also be furnished to that body direct. The Director of Medical Services and Family Welfare will visit also institutions other than those referred to above, if time permits.

(3) The District Medical Officer will report to the Director of Medical Services and Family Welfare at the end of three months the action taken on the recommendations made in the Inspection Report.

(4) The Director of Medical Services and Family Welfare shall submit to Government a special report regarding any institution or regarding the condition of the hospitals and dispensaries, which he considers to be in an unsatisfactory state or in which he finds his previous remarks and recommendations have produced no results. To this report to Government such explanations, as may be needed from the authorities concerned and from the District Medical Officer, shall be attached.

(G.O. No. 258, Public, dated 31st March 1910.
G.O. No. 189-F-Medical, dated 3rd May 1918 and
G.O. No. 949, Finance, dated 8th December 1925.)

(*b*) **Director of Medical Education.**—The Director of Medical Education shall inspect atleast once in a year the Teaching Medical Institutions and the Medical Colleges.

Immediately after the inspection, the Director of Medical Education shall furnish the officer in-charge of the Institutions (the Principal or Superintendent when he is not officer-in-charge), with his opinion of the manner in which the institution is administered and the extent to which officers are familiar with their duties together with any suggestions or orders he may have to make for the guidance of the staff in future.

The Director of Medical Education shall submit to Government a special report regarding any institution or regarding the condition of any teaching Medical Institutions or College which he considers to be in an unsatisfactory state or in which he finds his previous remarks and recommendation have produced no results. To this report to Government such explanations, as may be needed from the authorities concerned and from the Principal or Superintendent as the case may be shall be attached.

7. Ex-officio duties of the Director of Health Services and Family Planning/Director of Medical Education.

The Director of Health Services and Family Planning has the following ex-officio and other functions :—

(1) President—Madras Nurses and Midwives Council,

(2) President—Central Committee of the Pasteur Institute of Southern India, Coonoor.

(3) Chairman—The Technical Committee of Tamil Nadu Tuberculosis Association of Tamil Nadu.

(4) Member—Executive Committee of Tamil Nadu Tuberculosis Association of Tamil Nadu.

(5) Vice-Chairman—Tamil Nadu Tuberculosis Association, Madras.

(6) Member—Hind Kusht Nivaran Sangh, Tamil Nadu Branch.

(7) Member—Leprosy Advisory Committee, New Delhi.

(8) Member—Indian Nursing Council, New Delhi.

(9) Member—Employee's State Insurance Corporation, New Delhi.

(10) Member—Medical Benefit Council Employees' State Insurance Corporation, New Delhi.

(11) Member—Regional Board, Employees' State Insurance Corporation, Madras.

(12) Member—Public Health Board, Madras.

(13) Member—State Advisory Board of Correctional Administration, Madras.

(14) Chairman—Water and Sewage Purification Committee, Madras.

(15) Trustee—Health Propaganda Board, Tamil Nadu.

(16) Member—Red Cross Society, Tamil Nadu State Branch.

(17) Member—Indian Standard Institution, New Delhi.

(18) Member—Panel on Health Buildings constituted by the Government of India.

(19) Director—Tamil Homoeopathic System of Medicine.

(20) Member—Family Planning Grants Committee, Madras.

(21) Member—Mass Media Co-ordination Committee.

(22) Member—State Family Planning Board.

(23) Member Programme Committee on Family Planning.

(24) Member—State Level Advisory Committee for Rural Industries Project.

(25) Member—State Level Co-ordination Committee on Tribal Development Blocks.

(26) Member—Committee on Welfare of Scheduled Tribes.

Ex-Officio Duties of the Director of Medical Education, Madras.

(1) Chairman—Tamil Nadu State Research Committee.

(2) Member—Central Committee for Pasteur Institute, Coonoor.

(3) Member—Board of Studies in Medicine (Post-Graduates), Universitiy of Madurai.

(4) Chairman—Board of Studies in Medicine (Under-Graduates) University of Madras.

(5) Chairman—Board of Studies in Medicine (Under-Graduates), University of Madurai.

(6) Member—Board of Studies in Medicine (Post-Graduates), University of Madras.

(7) Member—Executive Committee in the Indian Red Cross Society, Madras.

(8) Member—Indian Medical Council (designated).

(9) Vice-President—Countess of Dufferin's Fund.

(10) Chairman—Blood Donation Club Committee, Indian Red Cross Society, Madras.

(11) Executive Committee Member—Tamil Nadu Tuberculosis Association, Madras.

(12) Member—Advisory Committee, JIPMER, Pondicherry.

(13) Chairman Board of Examiners in General Nursing, Midwifery Physiotherapy, Auxiliary Nurse Midwives, Diploma in Pharmacy, C.R.A. Course, Dental Mechanics, Dental Hygienist and Diploma in Orthopaedics.

(14) Chairman—Medicinal Chemistry and Research Centre, Madras, Madras Medical College, Madras.

(15) Member—Dental Council of India.

(16) Member—Hospital Equipment Selection Committee, C.P.D.C., 14, Indian Standard Institute, New Delhi.

(G.O. Rt. No. 1640, Health, dated 31st October 1975.)

(17) Member—General Council of National Institute of Health Administration and Education, New Delhi.

(G.O. Ms. No. 1240, Health, dated 17th May 1975.)

(18) Vice-Chairman—Voluntary Blood Bank Association, Madras.

(G.O. Rt. No. 1766, Health, dated 20th December 1974.)

(19) Member—Board for Certification of Registered Medical Practitioners, etc., under the Medical Termination of Pregnancy Act, 1971.

(G.O. Ms. No. 1688, Health, dated 22nd July 1974.)

(20) Chairman—Committee of Dr. Cochrance Endowment Lecture on Leprosy.

(G.O. Rt. No. 960, Health, dated 17th June 1974.)

(21) Member—Advisory Committee for the Tuberculosis Chemotheapy Centre, Madras.

(G. O. Rt. No. 911, Health, dated 5th June 1974.)

(22) Member—Co-opted member of the Governing Council, Christian Medical College and Hospital, Vellore.

(G. O. Rt. No. 218, Health, dated 7th February 1974.)

(23) Member—Standing Committee of the Andhra Mahila Sabha Nursing Home, Adyar.

(G. O. Rt. No. 48, Health, dated 8th January 1974.)

(24) Co-chairman—State Advisory Committee for V.D. Control.

(G. O. Ms. No. 3031, Health, dated 11th December 1973.)

8. Powers of the Director of Health Services and Family Planning/Director of Medical Education.—The Director of Health Services and Family Planning/Director of Medical Education is vested with the powers specified in Appendix-I.

CHAPTER II.

TAMIL NADU MEDICAL SERVICE.

Section 1—General conditions of service.

9. Constitution.—(1) The Tamil Nadu Medical Service shall consist of two branches, namely—

Branch I—Medical.

Branch II—Nursing.

The conditions of service of members of the nursing service included in "Branch II—Nursing" are dealt with in section (3) of this chapter.

(2) The conditions of service of members of the service included in "Branch I—Medical" are governed by the Tamil Nadu State and Subordinate Service Rules in Volume I of the Tamil Nadu Services Manual and the Special Rules for the Tamil Nadu Medical Service contained in Volume II of the said Manual:

Provided that if any provision in the general rules is repugnant to a provision in the special rules applicable to the service, the latter shall prevail over the provision in the general rules in Volume I of the Tamil Nadu Services Manual.

10. Pay and allowances.—Assistant Surgeons in the general line shall with effect from 2nd October1970 draw a pay in the scale of Rs. 525—25—600—30—690—35—900, but the Assistant Surgeons with G.C.I.M. qualification will be allowed to draw pay in the scale of Rs. 400—15—475—20—575—25—650. The Selection Category Assistant Surgeon shall be eligible to draw a pay in the scale of Rs. 700—40—1,100. The Civil Surgeons in the general line shall be eligible to draw pay in the scale of Rs. 800—40—1,000—50—1,250. Officers holding teaching posts and posts in the special departments shall draw pay in the scales applicable to them which are fixed by Government from time to time. For compensatory allowances admissible to members of the Service, the Tamil Nadu Manual of Special Pay and Allowances may be referred to.

11. Postings and transfers.—(1) Postings and transfers and shall be made—

(*a*) By the State Government in the case of—

(i) Civil Surgeons in general line and in teaching side.

(ii) Deans of Medical Colleges.

(iii) Reader in Pharmaceutics and Pharmaceutical Chemistry, Medical College, Madras.

(iv) Readers in the Department of Dental Surgery, attached to Dental Wing, Madras Medical College, Madras.

(v) The Director and Assistant Director, King Institute, Guindy.

(*b*) By the Director of Health Services and Family Planning in the case of Selection Category Assistant Surgeon, Assistant Surgeon and Assistant Dental Surgeons working in the non-Teaching Medical Institutions; by the Director of Medical Education in respect of similar categories including Assistant Reader in Dental Surgery and Dieticians employed in Teaching Medical Institutions.

(2) Members of the service shall be liable—

(i) to transfer to any part of the State of Tamil Nadu for the performance of the duties for which the service is constituted; and

(ii) to do field service with the Tamil Nadu Special Police within the said State.

(iii) to do duty, civil or military including field service beyond the said State.

12. Periodical transfers.—Transfers in the case of officers holding non-specialists posts shall be effected every three years.

No periodical of terms has been fixed in the case of teaching appointments and specialists posts, but the Director of Medical Education shall submit for the orders of Government in the case of any officer who has for 5 years continuously held such appointment or post and subsequently at such intervals as may be ordered in each case.

(G.O. Ms. No. 2633, Public Health, dated 24th July 1939 and
G.O. Ms. No. 2592, Public Health, dated 12th June 1940.)

13. **Permission to retire.**—In the case of all officers of the Tamil Nadu Medical Service who wish to retire before attaining the age of 55, formal permission to retire should be obtained from the State Government. No such permission may be granted either by the Director of Health Services and Family Planning or by the Director of Medical Education.

14. **Extension of service.**—The services of an officer beyond the age of compulsory retirement will not be extended on the ground that there is no other suitable officer in the department to take his place. It is a reflection upon efficiency to permit an officer to become indispensible to the post he holds through the neglect in the department to provide other with the necessary experience.

(*G.O. No.* 2427, *Public* (*Services*), *dated* 17*th December* 1937.)

15. **Permission to seek employment elsewhere.**—No officer who has had the benefits of study leave or deputation privileges should ordinarily be permitted to seek employment elsewhere.

(*G.O. No.* 324, *Finance, dated* 2*nd September* 1937.)

Section 2—Medical Branch.

16. **Civil Surgeons.**—The cadre of Civil Surgeons shall consist of the following categories of officers:—

Category 1—District Medical Officers, Civil Surgeons, and Medical Officer, Madras City Police.

Category 3—Director of the Tuberculosis Institute and Tuberculosis Clinics, Professor of Tuberculosis Clinics, Professor of Tuberculosis, Medical College, Madras.

Category 4—Director, King Institute, Guindy.

Category 5—Assistant Director, King Institute, Guindy.

Category 6—Non-Clinical Readers.

Category 9—Clinical Readers.

Category 14—Deans of Medical Colleges.

Category 15—Directors of upgraded Institutes.

Category 17—State Leprosy Officer.

Category 19—State Tuberculosis Officer.

17. **Promotion.**—Promotion to various posts of the grade of Civil Surgeons shall be made on grounds of merit and ability seniority, being considered only where merit and ability are approximately equal.

18. **Supernumerary Civil Surgeons.**—(1) Members of the service holding posts, either substantively or in an officiating capacity, in the category of Non-Clinical Lecturers, Non-Clinical Tutors or Assistants (including Non-Clinical Professors), Clinical Lecturers, or Clinical Tutors or Assistants (including officiating Clinical Professors) or Assistant Surgeons in the King Institute, Guindy, or Assitant Surgeons holding post in specialist departments in which it is considered necessary to retain them in the interest of continuity and of the public may be promoted as Supernumerary Civil Surgeons in Category 1 of Class I either permanently or the said categories shall be raised to the status of supernumerary Civil Surgeons and for the purpose of the posts which they hold temporarily. The Government may decide from time to time the period or periods for which the posts should be raised to the status of supernumerary Civil Surgeons. So long as such members hold the said supernumerary posts of Civil Surgeons, the cadre of Category 1 of Class I shall be deemed to have been increased and the cadre of the category of Non-Clinical Lecturers, Non-clinical Tutors or Assistants, Clinical Lecturers or Clinical Tutors or Assistants or Assistant Surgeons in the King Institute, Guindy, or Assistant Surgeons in the general line shall be deemed to have been reduced by the members of posts of supernumerary Civil Surgeons so held.

(*G.O. No.* 450, *Health, dated* 8*th February* 1951.
G.O. No. 2832, *Health, dated* 14*th August* 1951 and
G.O. No. 143, *Health, dated* 17th *January* 1952.)

(2) Whenever the question of confirming officiating Civil Surgeons arises all the vacancies in the cadre of Civil Surgeons should be taken into account and officers in the general line whose confirmation is due should be confirmed in that line and if, at that time, there is any officiating Civil Surgeon in the teaching and specialist line who has satisfactorily completed his period of probation and whose turn for confirmation has arisen, he should also be confirmed as Civil Surgeon in the appropriate category in the teaching and specialist line.

(G.O. No. 26, Public Health, dated 2nd January 1942.)

(3) The seniority of Civil Surgeons shall be determined with reference to the rank in the cadre of Assistant Surgeons. However, appointment as a full member of the service in the post borne on the cadre of Civil Surgeons namely Director, Tuberculosis Institute and Tuberculosis Clinics and Professor of Tuberculosis, Medical College Madras; Director King Institute, Guindy, Assistant Director, King Institute, Guindy, Non-Clinical Readers; Clinical Readers; Deans of the Medical Colleges and the Directors of upgraded Institutes shall be made with reference to the date of first regular appointment or promotion to the particular category.

In case any Director of an upgraded Institute, who does not attain the age of 55 years before expiry of his existing term, he shall be confirmed only when he is granted extension of service in the post of Director up to the age of 55 years, or beyond, such confirmation shall be with retrospective effect.

(Rules 12 of Special Rules for the Tamil Nadu Medical Service Branch I—Medical.)

19. Assistant Surgeons.—The cadre of Assistant Surgeons consist of the following categories of officers :—

Category 2—Assistant Surgeons in the general line (Assistant District Medical Officers and Assistant Surgeons attached to hospitals, etc.)

Category 7—Non-Clinical lecturers.
Category 8—Non-Clinical Tutors or Assistants.
Category 10—Clinical Lecturers.
Category 11—Clinical Tutors or Assistants.
Category 13—Selection Category of Assistant Surgeons.
Category 18—Junior Assistant Surgeons.

20. Appointment.—(1) All first appointment of Assistant Surgeons are made by Government, Assistant Surgeons without Post-Graduate degree qualification on their initial appointment in the Tamil Nadu Medical Service shall be posted to non-Teaching Medical Institutions outside Madras City. Assistant Surgeons with Post-Graduate degree qualification on thier initial appointment shall be posted to Teaching or non-Teaching Medical Institutions inside or outside Madras City.

(G.O. Ms. No. 1347, Health, dated 9th June 1970.)

(2) In cases where Assistant Surgeons transferred before their completion of the tenure period in a particular post or station copies of the transfer orders with reasons for such transfers should be sumitted to Government who will examine whether or not the reasons stated for effecting the transfers are satisfactory.

(Government Memorandum No. 34865-M/52-1, Health, dated 18th August 1952.)

21. Retention of honorary ranks by Ex-Commissioned Officers of the Army.—Officers who have held emergency or temporary Commissions in the MilitaryDepartment in Army, Air or Naval Services shall, on termination of the Commission or on release, discontinue the use of the honorary ranks, which they held while serving in the Military Department.

(Government Memorandum No. 3653, M/52-I, Health, dated 14th August 1952.)

Section 3—Nursing Branch.

22. Constitution.—(1) This branch shall consist of the following categories of officers :—

Category 1—Nursing Superintendents—I Grade.
Category 1—Nursing Superintendents.—II Grade.
Category 2—Nursing Tutors—I Grade
Category 2—Nursing Tutors—II Grade.
Category 3—Physiotherapy Instructor.

(2) The conditions of service of members of the Nursing service including in "Branch II—Nursing" of the Tamil Nadu Medical Service are governed by the Tamil Nadu State and Subordinate Services Rules in Volume I of the Tamil Nadu Services Manual and the Special Rules for the Tamil Nadu Medical Service contained in Volume II of the said Manual :

Provided that, if any of the provisions in the General Rules, is repugnant to the provision in the Special Rules applicable to the Service, the latter shall prevail over the provision in the general rules in Volume I of the Tamil Nadu Services Manual.

23. **Appointment.**—Appointment to this branch shall be made as follows :—

Category 1—Nursing Superintendents.

I Grade—(1) Promotion from Nursing Superintendent II Grade provided that if no suitable Nursing Superintendent II Grade is available for promotion, Nursing Tutor II Grade with experience as Senior Nurse or Head Nurse may be considered for promotion.

(G.O. Ms. No. 1027, Health, dated 30th April 1974.)

(2) Direct Recruitment.

II Grade—(1) Appointment by transfer of Head Nurses in Government Hospitals (category 1 of Branch III—Nursing of the Tamil Nadu Medical Service Subordinate) ; or

(2) Direct Recruitment.

Category 2—Nursing Tutor.

I Grade—(1) Promotion from Nursing Tutors II Grade or Nursing Superintendents II Grade possessing the qualifications prescribed for Nursing Tutor Grade.

(G.O. Ms. No. 1027, Health, dated 30th April 1974.)

(2) Direct Recruitment.

II Grade—(1) Appointment by transfer of Head Nurses or Nurses (Categories 1 and 2 of Branch III—Nursing of the Tamil Nadu Medical Service Subordinate) ; or

(2) Direct Recruitment.

(3) " Provided that the appointment to the posts of Nursing Tutors II Grade from among women and men shall be made in ratio of 3 : 1 ".

(G.O. Ms. No. 2988, Health, dated 11th October 1957.)

24. **Pay and allowances.**—Members of Nursing Service are eligible to draw pay and allowances at such rates, as may be fixed by Government from time to time. They will also be eligible for rent-free quarters in addition to ration, uniform and dhoby allowances ;

Provided that the Women Nursing Superintendents and Nursing Tutors, married or unmarried shall not draw house rent allowance if they reside outside the quarters ;

Provided further that the Men Nursing Superintendents and Nursing Tutors who reside outside the quarters shall draw house rent allownace at the rates admissible to other Government servants.

(G.O. Ms. No. 1814, Health, dated 7th August 1964.)

25. **Postings and transfers.**—Postings and transfers of Nursing Superintendents and Nursing Tutors shall be made by the Director of Health Services and Family Planning and Director of Medical Education as the case may be.

26. **Period of Service.**—No member of the service whatever his/her domicile, and wherever he/she was recruited, shall be eligible for retention or continuance in service after he/she has completed 55 years of age.

(G.O. No 655, public Health, dated 5th March 1946.)

CHAPTER III

HONORARY APPOINTMENTS

Section 1—Consulting Physicians and Surgeons.

27. *Deleted.*

Section 2—Honorary Medical Officers.

28. The Honorary System.—The Honorary system in the Government hospitals in the Madras City was first introduced in the year 1923. It was extended to the Institutions in the mufassal in 1929 and since reorganised on several occasions in the years 1937, 1942, 1948 and 1960. The rules to regulate the recruitment and conditions of service of Honorary Medical Officers in Government Medical Institutions are given in Appendix II to the is Code.

(G.O. No. 3600, Public Health, dated 23rd December 1937 ;
G.O. No. 1698, Public Health, dated 3rd June 1942 ;
G.O. No. 1328, Public Health, dated 22nd April 1948 and
Govt. Memo. No. 103421-HI/60-7, Health, dated 4th October 1961.)

29. Scope of the Honorary System.—(1) The honorary Medical service in Government Hospitals is intended for the entire medical profession and it is the intention of Government to afford, as far as possible, facilities for every one possessing the requisite qualification to have his or her turn for such service.

(2) Paid medical officers should be employed only so far as it is not possible to provide for the adequate performance of their duties by honorary medical officers. A honorary medical officer who gives only part of his time to Government work will do about one-third of the work for Government done by a full-time paid officer and in estimating the reductions of paid staff which can be made by the appointment of honorary officers, three honorary medical officers should be considered to be equivalent to one paid medical officer.

(3) The honorary system was evolved with a view to extending medical relief to a large number of needy people and without at the same time taxing the resources of the Government. Expansion of such a system is undoubtedly desirable in the interests of all concerned. The Government have accordingly accepted in principle (1) the recommendation of the Retrenchment and Reorganization Committee that in all Government Hospitals including Taluk Headquarters hospitals, the number of honorary medical officers and paid medical officers should be in the ratio of 3 : 1, the essential duty posts being always filled by paid officers of Government and (2) the recommendation made by the Medical Education Committee of the Madras Medical and Public Health Conference, 1947, that each unit of 40 beds in hospitals attached to Medical Colleges should consist of one Physician or Surgeon, as the case may be, one paid Civil Assistant Surgeon and four or five Honorary Assistants besides House Surgeons.

(4) As however the dearth of qualified medical men is a great obstacle to the extension of the honorary system, it is the intention of Government to implement the recommendations of the two committees referred to above quickly wherever possible and gradually in other cases.

(G.O. No. 656, Public Health, dated 22nd February 1939 ;
G.O. No. 698, Public Health, dated 3rd June 1942 and
G.O. No. 4517, Public Health, dated 23rd December 1949.)

30. Status of Honorary Medical Officers. (1) Honorary medical officers are part and parcel of the Medical Services of the State and they should be shown due consideration and treated with courtesy due to the position they occupy and for the services they render.

(2) Any discourtesy shown to honorary medical officers should be noted by the head of the teaching institution, the Superintendets or the medical officers-in-charge, as the case may be, and the matter should be set right as early as possible, and if necessary, brought to the notice of the Director of Health Services and Family Planning and the Director of Medical Education as the case may be. As zeal and contentment are essential for good co-operation between the Honorary and the paid staff, any cause of dissatisfaction must be immediately brought to the notice of the head of the teaching institution, the Superintendents of the medical officers-in-charge as the case may be, and not be fought out privately with any of the members of the staff.

(3) The subordinate staff of the hospitals or dispensaries shall carry out the orders issued by Honorary Medical Officers in discharge of their public duties as scrupulously as in the case of the orders issued by paid Medical Officers. All instances of indiscipline on the party of any member of the staff should be brought to the notice of the head of the teaching institution, the Superintendent or the medical officer-in-charge, as the case may be, who is responsible for exercising disciplinary control over the subordinates for such action as he shall deem fit to take.

31. Maintenance of sign-boards. The names of the suergeons and physicians, both paid and honorary, with their distinctive titles should be exhibited in painted sign-boards at promnent places to the entrance of hospitals and arrangements should be made to indicate on the sign-boards whether they are in the hospital or not.

32. Register of attendance.—A register of attendance should be maintained in each Government medical institution. Government medical officers and honorary medical officers should attend the institutions at the prescribed hour should sign the register as soon as they arrive and should also make anote therein of the time of their departure. The head of the teaching institution the Superintendents or the medical officer-in-charge, as the case may be, should make a weekly verification of the registrers.

33. Admission of patients and record of work.—(1) Separate days should be fixed in each week for cases to be admitted by honorary surgeons and for operation to be conducted by honorary surgeons and a separate register showing the number of operations conducted by them should be kept. The number of operations they have performed during the course of the year should be mentioned in the Annual Report on the working of Civil Hospitals amd Dispensaries.

(2) Separte days should also be set apart in each week for cases to be admitted by the honorary physicians and the number of cases treated by them each year should be mentioned in the annual report.

34. Supply of medicines, instruments and other materials to Honorary Medical Officers.—The head of the teaching institiions the Superintendent or the Medical Officer-in-charge, as the case may be shall make available to the honorary officers for the treatment of their patients in the Government hospitals and dispensaries such drugs, vaccines, sera and such other therapeutic remedies, materials and instruments as are stocked in the hospitals or dispensaries on the same conditions as are in force in the case of the paid officers in the service. In cases where the articles are not in stock, arrangements should be made to obtain them early according to the usual practice on such occasion.

35. Record of work.—Honorary Medical Officers shall take accurate notes of the cases under their charge to the extent necessary for the proper maintenance of the records in the institutions in which they are working. They are not expected to do work which paid officers are not ordinarily required to perform. They may utilize the services of students, House Surgeons, House Physicians or paid or unpaid assistants. if any, working under them, for the above purpose, in the same manner as paid officers but they will be held responsible for the correctness of the entries made in the records.

36. Custody of instruments, etc.—(1) Honorary Medical Officers, shall be responsible for the safe custody of the hospital instruments, etc., entrusteed to them in connection with the discharge of their public duties. Any loss or damage should be reported to the head of the teaching institution, the superintendents or the medical officers-in-charge, as the case may be, and the honorary medical officer concerned should himself, as in the case of paid officers, help the head of the institution, etc., to trace the lost articles.

(2) With a view to avoid such loss or instruments, etc., the heads of Government institutions under whom honorry medical officers are working, should see that the honorary medical officers take over and hand over correctly the hospital instruments and appliances in the proper way in accordance with the rules. They are also requested to check and verify the hospital instruments and appliances, etc., in the custody of the honorary medical officers once in every quarter with the account books and registers maintained for the purpose. Any loss of Government property should be reported to the office of the Director of Health Services and Family Planning and the Director of Medical Education as the case may be immediately. In the case of outlying stations, besides checking the stock at the time of periodical inspection of the institution by the District Medical Officers, a quarterly verification certificate of the hospital appliances and instruments should be obtained from the honorary medical officers in sole charge of the institution and recorded in their offices.

37. Management of Institutions, maintenance of Registers, submission of returns and money transactions.—Honorary medical officers in sole charge of institutions or in charge of special departments will be held responsible for the efficient management of the institution or department and for the preparation, maintenance and submission of the prescribed registers, accounts and returns in accordance with the rules governing the working of the institutions. They should also be responsible for the receipts and payments of moneys in accordance with the prescribed rules.

38. Loan of Government property to Honorary Medical Officers for private practice.—Honorary Medical Officers shall not take hospital instruments and other articles belonging to the Government outside the institutions in which they are working, but they may in accoradnce with the provision of paragraph 649 of the code obtain the loan of the necessary articles for use in connection with their private cases.

39. Publication of official information.—(1) No Honorary Medical Officer shall, except in accordance with any special or general permission of the Director of Health Services and Family Planning and the Director of Medical Education as the case may be communicate directly or indirectly, any official document or information to a Government servant unauthorised to receive the same to non-official person or to the press.

(2) No Honorary Medical Officer shall in any document which he publishes or in any communication to the press or in the public speech, criticise the policy or action of Government in the matter of medical administration, intemperately or unreasonably. No such publication or communication of speech should be made without the special or general permission of the Director of Health Services and Family Planning and the Director of Medical Education as the case may be.

If, however, Honorary Medical Officers have any grievance in connection with the discharge of their public duties, they should make their representation to the head of the teaching institution, the Superintendents or the medical officers in-charge, as the case may be, and, if necessary they may address the Director of Health Services and Family Planning and the Director of Medical Education as the case may be through the head of the institution, etc.

(3) No honorary medical officer shall, except with the previous sanction of the Director of Health Services and Family Planning and the Director of Medical Education as the case may be have recourse to any court or the press for the vindication of his official acts or character from defamatory attacks.

Nothing mentioned above shall derogate from the right of a Honorary Medical Officer to vindicate his private acts or character.

40. Report on Honorary Medical Officers.—The head of the teaching institutions, the Superintendents or the District Medical Officers or Civil Surgeons in charge, as the case may be, shall submit a special report at the end of the year about the work done by the honorary medical officers in the hospital or dispensary of which they are in charge as to the nature of the work done and the usefulness of the service rendered by them. This report should be apart from the usual confidential report about these officers. In the event of any head of the teaching institutions, the Superintendent or the District Medical Officer or the Civil Surgeon being dissatisfied with the work or conduct of the honorary medical officers, he should report the matter then and there to the Director of Health Services and Family Planning and the Director of Medical Education as the case may be. If the matter is not of a confidential nature the honorary medical officer shall be informed of the nature of the charges and an explanation may be obtained from him. The Director of Health Services and Family Planning / Director of Medical Education may then forward to the Government the reports and explanation together with the recommendations as regards the action which may be taken in the matter.

NOTE.—The special report referred to above should deal in general terms about the nature of work done by honorary medical officers in the institutions under their control with special reference to the usefulness or otherwise of the servicesrendered by them. A list showing the institutions in which honorary medical officers were employed during the calendar year under review with informtion as to the name or names of honorary medical officers and the nature of work done by them may be sent by the first week of January every year.

(G.O. Ms. No. 2604, Public Health, dated 19th July 1938 and G.O. Ms. No. 931, Public Health, dated 8th March 1940.)

41. *Deleted.*

42. Grade for purposes for Travelling Allowances.—(1) Honorary Surgeons and Honorary Physicians and all Honorary Assistant Medical Officers should be treated on a par with the Civil Surgeons and Assistant Suregons respectively for the purpose of the Tamil Nadu Travelling Allowance Rules.

(2) Respective District Medical Officers should countersign the travelling allowance bills of honarary medical officer in cases where Travelling Allowance claims have been specifically sanctioned by competent authority to the honory medical officers, subject to the limitations prescribed in Part III of the Manual of Special Pay and Allowances, Volume I.

(G.O. No. 1199, Public Health, dated 28th March 1939 and Accountant-General's letter No. G.A.M. 1-95, dated 31st December 1950 communicated in Surgeon-General's Memorandum P.N. 15-A-1/51, dated 16th January 1951)

43. Honorary Medical Officers authorized to sign the life certificates of pensioners.—Honorary medical officers are authorized to sign life certificate of pensioners with reference to Article 946 of the Civil Service Regulations. A list of such officers should be furnished to the Accountant-General, Madras, every year.

(G.O. No. 1527, Public Health, dated 8th April 1941.)

44. *Deleted.*

Section 3—House Surgeons and House Physicians.

45. Employment of House Surgeons and House Physicians.—The introduction of a scheme for the employment of House Surgeons and House Physicians was first sanctioned by the Government in the year 1914. The rules framed by the Government relating to the selection and appointment of House Surgeons and House Physicians in Government Hospitals are given in Appendix IV to this Code.

CHAPTER IV

NON-GAZETTED SERVICES IN THE HEALTH AND FAMILY PLANNING AND MEDICAL EDUCATION DEPARTMENTS (TECHNICAL).

Section 1—General.

46. The Non-gazetted officers employed in the Health and Family Planning and Medical Education Departments belong to one of the following subordinate services :—

(1) The Tamil Nadu Medical Subordinate Service.
(2) The Tamil Nadu Ministerial Service.
(3) The Tamil Nadu General Subordinate Service.
(4) The Tamil Nadu Last Grade Service.

Officers who hold appointments in the Tamil Nadu Medical Subordinate Service are non-ministerial officers possessing technical qualifications prescribed for the posts. Posts included in the Tamil Nadu Ministerial Service (with the exception of a few posts which have been specifically declared as technical posts or technical services) and those in the Tamil Nadu General Subordinate Service are mostly non-technical in character.

47. (1) The Tamil Nadu Medical Subordinate Service is divided into four branches, namely ;—

Branch I—Medical.
Branch II—Indian Medicine.
Branch III—Nursing.
Branch IV—General.

(2) The following classes and categories of officers, included in the Tamil Nadu Medical Subordinate Service, are employed in the Health and Family Planning and Medical Education Departments :—

Branch I—Medical.

Class I—

Category 1—Chief Pharmacist, Government General Hospital, Madras.

Category 2—Chief Pharmacist in other Government Medical Institutions including Medical Colleges.

Category 3—Pharmacists (including the Pharmacists employed in he Madras City Police, Dispensary, the Cinchona Department, the Department of Certified Schools and Vigilance Service the Forest Department and the Education Department).

Category 4—Theatre Assistant.
Class II—King Institute, Guindy.
Category 1—Junior Chemical Assistant.
Class III—King Institute, Guindy.
Category 1—Junior Assistants, Vaccine lymph Section.
Category 2—Technical Assistant, Cholera Vaccine Section.

Branch II—Indian Medicine.

The categories of officers included in this Branch are employed in the Department of Indian Medicine which are under the Administrative Control of the Director of Indian Medicine, Madras.

Branch III—Nursing.

Category1—Head Nurses.
Category 2—Nurses.
Category 3—Maternity Assistants.
Caegory 4—Health Visitors.
Category 5—Hospitals Social Workers.
Category 6—Nuns.

Branch IV—General.

Class I—

Category 1—Laboratory Assistant (Non-Medical).
Category 2—Librarian.
Category 3—Assistant Librarian.

Class II—

Category 1—Chief X-ray Technician.
Category 2—Radiographers.
Category 3—Artists—Photographers—

I Grade.

II Grade.

Category 4—Dark-Room Assistants.

Class III—

Category 1—Technicians, Grade I.
Category 2—Technicians, Grade II.

Class IV—

Category 1—Electrical Supervisors and Mechanic, General Hospital, Madras.
Category 2—Mechanics—

I Grade (King Institute, Guindy).
II Grade (Government Stanley Hospital, Madras) Royapuram.

Category 3—Electricians—

I Grade.
II Grade (General Hospital, Madras).
III Grade (other Medical Institutions, excepting Tuberculosis Sanatorium, Tambaram).
IV Grade (Tuberculosis Sanatorium, Tambaram).

Category 4—Superintendent, Workshop, General Hosptial, Madras.

Category 5—Laundry Mechanic, Charge Man.

Category 6—Gas Mechanic—

(a) Government Hospitals ; and
(b) Medical Colleges.

Category 7—Refrigeration Mechanic.

Class V—

Category 1—Overseer, King Institute, Guindy.
Category 2—Assistant Overseers, King Institute, Guindy.

Class VI—

Artists-Draughtsman—

I Grade.

Artists and Photographer Assistants (excluding Photographer Assistants, King Institute Guindy).

II Grade—Artists-Draughtsmen.
III Grade—Artists-Draughtsmen.

Class VII—

Sergeant, General Hospital, Madras.

Class VIII—

Category 1—Head Overseer, Mental Hospital, Madras.
Category 2—Deputy Overseers, Mental Hospital.

Class IX—

Category 1—Engine Drivers—

I Grade.
II Grade.

Category 2—Assistant Mechanic, Stanley Hospital, Royapuram.
Category 3—Plumbers—

I Grade (Government General Hospital, Madras).
II Grade.

Class X—

Category 1—Weaving Masters—

I Grade.
II Grade.

Class XI—

House Keepers—

I Grade.
II Grade.

Class XII—

Handicrafts Instructors—

I Grade.
II Grade.

Class XIII—

Category 1—Non-Medical Assistants to the Professor of Bio-Chemistry in Medical Colleges.

Category 2—Non-Medical Assistants to the Professor of Bacteriology in Medical Colleges.

Class XIV—

Statistician.

48. **Conditions of service.**—The conditions of service of non-gazetted establishments in the Health and Family Planning and Medical Education Departments are governed by the General Rules for the Tamil Nadu State and Subordinate Services contained in Volume I of the Tamil Nadu Services Manual and the appropriate Special Rules applicable to particular services as laid down in Volume III of the Tamil Nadu Services Manual. If any provision in the General Rules contained in Volume I is repugnant to a provision in the Special Rules applicable to any particular service contained in Volume III the latter shall, in respect of that service, prevail over the provision in the General Rules in Volume I.

Section 2—Nursing Service.

49. **General.**—(1) The nursing work in a Government Hospital is managed with the assistance of one or more of the following classes of officers belonging to the Nursing Service.—

(1) Nursing Superintendents.
(2) Head Nurses.
(3) Nurses.
(4) Auxiliary Nurse Midwives.
(5) Maternity Assistants.
(6) Health Visitors.
(7) Hospital Social Workers.
(8) Nuns.

(2) Posts of Nursing Superintendents of all grades are included in "Branch II—Nursing" of the Tamil Nadu Medical Service. The other categories of officers mentioned above are included in "Branch III—Nursing" of the Tamil Nadu Medical Subordinate Service.

(3) Pupil nurses are employed in wards of hospitals where there are facilities for admission and training of Nurses. Nursing Superintendents and Head Nurses are employed in large Government hospitals of the State. In small hospitals the nursing work is managed only with the help of Nurses, Auxiliary Nurses and Midwives and Nursing Assistants. A certain number of Nursing Assistants are also employed in hospitals for routine duties connected with wards.

50. Strength of nursing staff.—The sanctioned strength of the nursing staff of each instituion is given in the annual list of members of the nursing staff in Government medical institutions published by the Director of Health Services and Family Planning.

51. Leave reserve for the nursing staff in Government hospitals.—(1) In order to fill up leave vacancies in the nursing services and among nurse pupils in Government hospitals, the Government have sanctioned a leave reserve of ten per cent of the sanctioned permanent and temporary strength of the nursing staff.

(2) (*a*) The leave reserve (i) for the category of Nursing Superintendents (I and II Grades) and (ii) for the category of Nursing Tutors (I and II Grades) should be maintained separately for each category but for all Government Medical Institutions in the State taken together. Posts for leave reserve in the cadres of Nursing Superintendents and Nursing Tutors shall be sanctioned in the lowest grade in the respective cadres, i.e., in the cadre of Nursing Superintendent in Grade II and in the cadre of Nursing Tutors in Grade II.

(*b*) Regular promotions from the lower to the higher categories in these posts should be made only when permanent vacancies arise and temporary promotions should be made when the vacancies are long standing. In the case of short leave vacancies, additional charge arrangements should be made.

(3) The leave reserve for Head Nurses and Nurses shall be a separate leave reserve in their respective categories but it will be a combined leave reserve for all the Government Medical Institutions in the State.

(4) The leave reserve for nurse pupils shall be separate for each individual hospital which is a training centre for nurse pupils and leave reserve nurse pupils should be attached to the hospitals concerned.

(5) Persons who are counted against the leave reserve in the grade of Nursing Superintendents, Head Nurses and Nurses may, at the discretion of the Director of Health Services and Family Planning and Director of Medical Education be stationed at places where quarters are available for them.

(6) All vacancies in the nursing services and among nurse pupils should be filled only from the leave reserve.

(7) The Government should be addressed whenever there are variations in the permanent and temporary strength of the nursing services and their orders obtained in regard to the variations to be made in the leave reserve in each category from time to time.

(G.O. No. 430, Public Health, dated 12th February 1946
and G.Os. No. 2454, Health, dated 1st August 1952).

52. Conditions of service.—The terms and conditions of the service of members of non-gazetted nursing staff are governed by the General rules of the Tamil Nadu State and Subordinate Services and the special rules of the Tamil Nadu Subordinate Service published in Volumes I and III of the Tamil Nadu Services Manual:

Provided that if any provision in the General Rules contained in Volume I of the Services Manual is repugnant to a provision in the Special Rules applicable to the service contained in Volume III of the Services Manual, the latter shall prevail over the provision in the general rules in Volume I.

53. Officiating promotions.—Officiating promotions are admissible from the post of Head Nurse in the Tamil Nadu Medical Subordinate Service to that of Nursing Superintendent in the Tamil Nadu Medical Service and between different grades in the posts of Nursing Superintendents in the Tamil Nadu Medical Service.

(G.O. No. 3026, Public Health, dated 3rd December 1930 and
Government Memo. No. 54129/HI/54-2, Health, dated 1st July 1954.)

54. Periodical transfers.—(*a*) Members of the nursing staff are ordinarily liable for transfer—

(i) after a period of four years' service in a non-training centre; and
(ii) after a period of five years' service in a training centre.

Provided that in the other cases the Director of Health Services and Family Planning and the Director of Medical Education shall have power to retain at their discretion, any individual in any station for a longer period, with a view to avoid wholesale transfers.

(*b*) Members of the nursing staff trained in a particular speciality should be transferred only to institutions where their special training will be required.

(G.Os. No. 2376, Public Health, dated 30th June 1949 and
No. 2551, Public Health, dated 15th July 1949 and
Government Memo. No. 54129/HI/54-2, Health,
dated 1st July 1954.)

(*c*) Transfers and posting of Nurses within the District may, on public grounds to be recorded in writing, be made by the District Medical Officer concerned. Copies of orders being communicated to the Director of Health Services and Family Planning.

(*d*) Nuns shall be liable for transfer from one institution to another where posts of nuns exist. Such transfers are to be made by the Director of Health Services and Family Planning or the Director of Medical Education.

(*e*) Candidates possessing a basic degree in Nursing from any University or Institution recognised by the University Grants Commission for the purpose of its financial grant, if appointed as Nurse, shall be posted in a District Headquarters Hospital, a small mufassal hospital, a Maternity Hospital and a teaching General Hospital for a total period of two years.

(*f*) Posting of Nurse and Maternity Assistants in the Raj Bhavan Dispensary shall be made in consultation with the Comptroller, Governor's Household.

55. Security deposits.—(1) The Nursing Superintendents and Head Nurses in Government Hospitals are exempted from furnishing security deposits when entrusted with the custody of linen.

(G.O. Ms. No. 1792, Public Health, dated 23rd August 1932.)

(2) Nurses are exempted from furnishing security in respect of the linen entrusted to their custody subject to the condition that they are held responsible for the linen in use in the wards. In hospitals where there is no Nursing Superintendents or Head Nurse the Resident Medical Officer or if there is no Resident Medical Officer, the Superintendent of the hospital should have the custody of the new linen and keep the accounts therefor.

(G.O. No. 814, Public Health, dated 10th April 1933.)

(3) The nurses who are entrusted with costly surgical instruments and apparatus, etc., in the operation theatre and the wards of the hospitals are exempted from the payment of security deposits subject to the condition that they are held responsible for the above instruments and apparatus in use.

(G.O. Ms. No. 3077, Health and Family Planning Department,
dated 24th December 1971.)

56. Concessions to the Nursing Staff.—The special pay and compensatory allowance granted to the Nursing Staff, namely ration, uniform, dhoby, etc., allowances are specified in the Tamil Nadu Medical Service and the Tamil Nadu Medical Suboridnate Service Rules. Other concessions to the Nursing Staff are as follows:—

(1) The Nursing Staff attached to the Government hospitals in Madras City and the mufassal are entitled to rent-free electric installation and free supply of electric energy as detailed in Appendix I, Class 7 of Tamil Nadu Manual of Special Pay and Allowances.

(2) They are eligible for the supply of furniture and crockery for their use in the nurses quarters subject to a maximum of Rs. 450 per head in the Madras City and Rs. 200 per head in the mufassal.

(G.O. No. 1808, Public Health, dated 24th July 1930 and
G.O. No. 961, Public Health, dated 27th May 1931.)

NOTE.—The limit has been enhanced to Rs. 450 per Nurse serving either in the City or in the Mufassal.

(G.O. Ms. No. 1065, Health, dated 5th May 1965.)

(3) They are also entitled to the supply of (i) bed linen as per scale given below for each member and (ii) table linen according to actual requirement in nurses quarters, in hospitals where the nurses run a common mess:—

Bed sheets ..	2 pairs.
Mosquito curtain ..	1 (if the quarters have no electric fans).
Pillow	1
Pillow cases	3
Mattress	1
Mattress cover ..	1

(G.O. No. 2259, Public Health, dated 15th September 1930.)

(4) Where common messes are opened, cooking utensils will be supplied, subject to the following limits:—

	RS.
Initial supply for each hospital ..	500
Renewals for each hospital ..	150

(5) Where a common mess is run, an expenditure on the employment of servants can be incurred, subject to a maximum limit of Rs. 30 per month for each hospital or Rs. 6 per member of the Nursing Staff using the common mess, whichever is less.

(G.O. No. 2500, Public Health, dated 1st August 1930.)

(6) Charges on account of materials for cleaning the nurses quarters can be incurred from State Funds, subject to the condition that the expenditure in such hospital should not exceed the amount calculated at the rate of fifty paise a month for each nurse employed in the institution.

(G.O. No. 1129, Public Health, dated 6th July 1926.)

(7) The Nursing Staff employed in Government hospitals are eligible for rent-free sanitary and water-supply installations and fittings under Note 1 to Fundamental Rule 45-A-V.

(8) Any period of "Field Service" rendered by a member of the service who is deputed for military service/duty in connection with the National Emergency proclaimed on the 26th October 1962, and in September 1965 shall for purposes of probation and increment of pay, count as duty in the post borned on the service for twice that period, the above concession coming to force on 26th October 1962;

(G.O. Ms. No. 885, Public Health, dated 26th May 1967.)

Provided that the concession said above shall not apply to person who has joined the Military Service on or after the 14th October 1968.

(G.O. Ms. No. 1526, Health, dated 29th June 1970.)

(9) The married female Nurses who are not provided with family quarters are allowed the payment of House Rent Allowance with effect from 2nd October 1970 at the same rules as are admissible to Government servants under G.O. Ms. No. 224, Finance, dated 6th February 1971.

(G.O. Ms. No. 1188, Health, dated 4th May 1971.)

(10) The Nursing Staff working in Tuberculosis Institutions like Tuberculosis Sanatoria, Tuberculosis Hospitals, Chest Clinics in the Districts, etc., are eligible for the payment of risk allowance of Rs. 20 per mensem with effect from 2nd October 1970.

(G.O. Ms. No. 1172, Health and Family Planning, dated 20th May 1972 and Government Memo. No. 51202/H5/72-2, Health, dated 29th June 1972.)

(11) The Nurses who possess a diploma in a recognised specialised field approved by the Indian Nursing Council are eligible for the grant of one advance increment.

(G.O. Ms. No. 1258, Health, dated 31st May 1972.)

(12) The Staff Nurses who possess the B.Sc. (N) degree in Health Service and Family Planning and Medical Education are eligible for two advance increment.

(Government Memo. No. 34097/D5/72-2, Health, dated 2nd December 1972.)

57. **Night duty in mufassal hospitals.**—Superintendents of hospitals should not attempt at regular turns of night duty with a staff less than three nurses. When there are only two nurses, night duties must be undertaken by Nursing Assistants.

(Surgeon-General's P. No. 62-G, dated 28th April 1933.)

58. **Married nurses not to live with their families in the Nurses quarters.**—Wherever ther are Nurses quarters within the compound of the hospital, those quarters are intended for th use of the nurses only and the same should not be occupied by their families.

(Surgeon-General's P. No. 281-G, dated 30th September 1941.)

59. **General Conduct.**—Rules to be observed by nurses, etc., contained in the "Manual of Rules for Nurses" published by the Government General Hospital, Madras. The principles behind these rules will apply to other State hospitals in the City, though the method of application may differ with the local conditions prevailing in various hospitals. Nurses should make themselves acquainted with all the rules and observe them carefully. Want of knowledge of the rules will not be accepted as an excuse for failure to comply with them. Members of the nursing staff are responsible for the safe custody and good condition of all Government property, uniform and the like, which may be in their care or used by them in the course of their duty and may be required to make good any damage or loss due to carelessness. They should hand over all such properties on resignation or when leaving the hospital for good.

60. **Uniform.**—Women Nurses and Men Nurses should wear white uniform dress, apron and cap when on duty as detailed below:—

(1) **Women Nurses.**—Dresses of white longcloth—To be made all in one 30 centimetres from ground with 10 centimetres hem. Sleeves straight reaching with 5 centimetres hem to elbow. Collars to turn down all round of same material 6¼ centimetres deep.

Apron.—White longcloth to reach to hem of dress. Round bid reaching the neck in front cross over straps at back. One right hand pocket.

Waist belts.—White longcloth or linen 6¼ centimetres deep. Two studs or button holes to fasten.

Caps.—Nurses—Caps to be made of white organdy—triangular shaped—large enough to cover the head—the three end to be fastened neatly by a pin at the back of the head.

Pupil Nurses.—Caps to be made of longcloth large enough to cover the head five centimetres hem in front which should be worn turned back—3³/₄ centimetres turn up all round brim.

Shoes and stockings.—White-shoes low heeled.

Badges.—According to rank.

Indian Nurses and Nurse Pupils are permitted to wear either—

(a) Dress as prescribed above for all nurses, or

(b) sarees if preferred of white mull and white bodies (made of longcloth) short sleeves to elbow turning back 6¼ centimetres.

But they must in any case wear cap, belt and apron as prescribed.

NOTE.—The above uniform should be worn by all nurses employed in Government hospitals in this State. Sisters of religious orders employed as nurses are, however, allowed to wear the uniform of their order.

(2) **Men Nurses—Nurse and Nurse Pupils.**—White trousers, white canvas shoes with white socks and white bush shirts with epaulot.

The identity badges with the letters "T.N.N.S." (Tamil Nadu Nursing Service.)

61. **Rules for condemnation of unserviceable articles in the Nurses Quarters.**—The following are the rules for the condemnation of the unserviceable articles of furniture, crockery, bed linen and table linen in the nurse's quarters attached to Government Medical Institutions and their replacement by fresh purchase.—

(1) All unserviceable articles of furniture, crockery, bed and table linen in the nurses quarters in any Government Medical Institution should be condemned by a 'Condemnation Board" consisting of—

(i) The Superintendent of where there is no Superintendent, the Chief Medical Officer;

(ii) the Nursing Superintendent or where there is no Nursing Superintendent, the Senior Head Nurse or the Senior Nurse;

(iii) the Resident Medical Officer (if there is no Resident Medical Officer); and

(iv) a member of the Advisory Committee of the hospital (wherever such a Committee exists).

Each article of bed and table linen supplied to the nurses quarters in accordance with the sanctioned scale should be retained in use until condemned after reasonable wear and tear by the Board.

All the condemned articles should be auctioned according to the rules and the sale-proceeds credited to Government.

(2) All missing and broken articles (furniture and crockery) should be replaced be recovering the cost of these articles from the nurse or nurses, responsible for the breakage or loss. In case it is not possible to fix the responsibility easily, the nurse or nurses in whose premises the loss or damage occured should be held responsible either singly or collectively, as the case may be.

(3) The sanction of the Director of Health Services and Family Planning or the Director of Medical Education should be obtained for replacing unserviceable articles of furnitute and crockery.

(4) The Superintendent in-charge of a hospital will have the power to sanction renewals of bed and table linen condemned by the Board on account of fair, wear and tear.

(5) The Director of Health Services and Family Planning and the Director of Medical Education are competent to write off the cost of the condemned and missing articles of furniture and crockery in the nurses quarters attached to the Government hospitals in the Madras City and in the mufassal up to a limit of Rs. 100 for each hospital in a year and to replace them by new articles. Applications from medical officers for sanction to write off the value of the condemned articles of furniture and crockery in the nurses quarters sould be submitted to the Director of Health Services and Family Planning or to the Director of Medical Education in triplicate in Form I appended below under two distinct groups (i) Furniture and (ii) Crockery.

(6) (*a*) A half-yearly return of articles of (i) furniture, (ii) crockery, (iii) bed linen, (iv) table linen and (v) cooking utensils condemned and replaced in the nurses quarters should be submitted to the Director of Health Services and Family Planning and Director of Medical Education as the case may be in duplicate in Form II appended below by the 15th of the month following the half-year to which the return relates. The various articles should be grouped under the appropriate heads mentioned above and a certificate should be appended to the statement to the effect that the articles included therein have become unserviceable owing to normal wear and tear and that they have been condemned as unfit for further use by the Condemnation Board.

(*b*) The Director of Health Services and Family Planning and the Director of Medical Education should submit to Government a consolidated annual report showing the value of furniture, crockery, bed linen, table linen and cooking utensils separately in each hospital at the beginning of each year and the value of articles condemned and replacee under each head during the year.

(7) All articles supplied to the nurses quarters attached to Government Medical Institutions will remain the property of Government. An inventory of all articles supplied at Government expense should be maintained and the stock checked once in six months.

FORM I.

Application to write off the value of the condemned articles of furniture and crockery in the nurses quarters attached to Government...: .... Hospital.

(To be submitted in triplicate).

Serial number.	Descriptions of the article.	Quantity or number.	Value.	When purchased.	Explanation for condemnation.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)

(*a*) Group I—Furniture.

(*b*) Group II—Crockery.

FORM II.

Half-yearly return of condemned articles of furniture, crockery, bed linen, table linen and cooking utensils belonging to the nurses quarters attached to the Government Hospitals for the half-yearly ending 31st March/30th September.

(To be submitted in duplicate).

Name of the Hospitals:

Description of articles.	Value of articles on and at the beginning (i.e., on 1st April).	Value of articles condemned during the year 19 —19	Value of new articles purchased during the year to replace the condemned ones.	Value of new articles purchased due to other causes (e.g.) for the use of additional nursing staff newly sanctioned.	Value of articles in stock at the end of the year (column (2)—(3)+(4)+(5).	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. Furniture						
2. Crockery						
3. Bed linen						
4. Table linen						
5. Cooking utensils						

(G.O. Ms. No. 477, Public Health, dated 8th February 1939 and G.O. Ms. No. 378, Public Health, dated 12th February 1943.)

62. The rules framed by the Government to regulate the method of recruitment, conditions of service, pay and allowances of Nuns in Government Medical Institutions in the State of Tamil Nadu are given in Appendix V.

Section 3—Maternity Assistants.

63. **Recruitment and conditions of service.**—Qualified Maternity Assistant sregistered under the Tamil Nadu Nurses and Midwives Act, 1926, are employed in Panchayat Union and Municipal Hospitals and Dispensaries. The conditions of service of those employed in Government institutions are given in the Tamil Nadu Medical Subordinate Service Rules contained in Tamil Nadu Services Manual, Volume III.

64. **Availability of service to be notified.**—(1) It is desirable that a notice should be issued in the town and put up at the hospital or dispensary that the services of the Maternity Assistants are available at the Institution at all hours.

(2) The Maternity Assistants when not required in the town should be in attendance in the female ward of the hospital, or on the female side of the dispensary to assist the medical officer in attendance on the sick.

65. **Register of work.**—Every registered Maternity Assistant shall maintain a register in the form given below:—

Form of Register to be maintained by Registered Maternity Assistants.

Date of Labour.	Number of Tickets.	Number of Register.	Name.	Age.	Race or Caste.	Name of pregnancy.	Presentation.	Position and foetal heart.	Stages of Labour Hours, 1, 2, 3.	Date of discharge.	Child. Born alive.	Child. Still Born.	Child. Macerated.
(1)	(2)	(3	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

Sex.		Weight of the child.		Condition.							
Male.	Female.	At birth.	On discharge.	Child.	Mother.	Perineum.	Placenta.	Cord round neck.	Length of cord.	Pupil's number.	Remarks. (Cause of death to be noted.)
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)

NOTES.—(1) Height of uterus.

(2) Progress of patient through the puerperium.

(3) Drugs given together with reasons therefor.

(4) Temperature.

(5) Condition of child and its progress and date when cord drops.

(6) Date and time of visit paid.

Note any abnormality for which treatment has been sought for.

This register as well as Maternity Assistants boxes shall be liable to be produced when asked for by the supervising authority mentioned in by-law 3, framed by the Tamil Nadu Nurses and Midwives Council under section 12(1)(*b*) of the Tamil Nadu Nurses and Midwives Act, 1926.

(G.O. No. 1243, Public Health, dated 8th June 1933.)

66. **Out-turn of work and fixing of annual minimum.**—(1) The Maternity Assistant's Outturn of work must be calculated on an annual basis. The fixing of the annual minimum of labour cases to be conducted by the Maternity Assistants must be done by the District Medical Officer in consultation with the Local Medical Officer. The Maternity Assistant must be made to understand that in cases where the District Medical Officers have reason to think that any Maternity Assistant has not done her work properly during the year, her increment of pay for the year is liable to be stopped.

(2) No reward should be paid to Mateinity Assistants for conducting labour cases in excess of the annual minimum prescribed.

(Surgeon-General's Circular R. No. 3737-G, dated 23rd December 1922 and G.O.No. 1929, Public Health, dated 19th October 1936.)

67. **Refresher course of training for Maternity Assistants.**—(1) Maternity Assistants who have been employed continuously for six years and over in Government hospitals, which are not training centres for Maternity Assistants, may be deputed for a refresher course of training to the nearest training centre. As far as possible one Maternity Assistant from the nearest training centre may be posted as substitute for the Maternity Assistant deputed to undergo refresher course from a hospital in the same or neighbouring district and Maternity Assistants from districts where there are no training centres may be deputed to undergo the refresher course in the neaiest districts where there are training centres. The period of training shall be three months and the Maternity Assistants deputed will be paid travelling allowances at the rates admissible to them under the Tamil Nadu Travelling Allowance Rules.

(2) Substitute may be appointed in place of Maternity Assistants deputed to undergo the refresher course, if in any case it is proved by the District Medical Officers concerned that there will be administrative inconvenience in posting Maternity Assistants as substitutes from the training centres to take the place of those deputed to undergo refresher course:

Provided that sanction of the Director of Health Services and Family Planning is obtained before substitutes are appointed in such cases:

Provided further that the Director of Health Services and Family Planning shall not sanction the employment of substitutes in more than three cases in a year, without the obtaining the specific approval of Government.

(3) Maternity Assistants employed in medical institutions under the control of Local Bodies may also be deputed for the refresher course of training, provided the Local Bodies concerned agree to meet their pay and allowances during the period of training. The Local Bodies concerned should appoint substitutes in place of Maternity Assistants deputed to undergo refresher course and also pay travelling allowances wherever necessary. The District Medical Officer should impress upon the Local Bodies the advantages of deputing the Maternity Assistants in their employ for the refresher course of training.

(G.O. No. 1378, Public Health, dated 9th August 1926 and G.O. No. 613, Public Health, dated 17th February 1950.)

68. Private Practice.—(1) Maternity Assistants employed in District Headquarters Hospital and Government Medical Institutions at divisional centres should not be allowed to go into the town to conduct labour case, as they are intendend only for treating patients brought to hospitals. The municipal councils concerned are expected to employ their own Maternity Assistants for maternity work in the town.

(G.O. No. 1657, Public Health, dated 7th July 1930.)

(2) When private medical practitioners require the services of Maternity Assistants working in Panchayat Union or Municipal Medical Institution, the Maternity Assistants may be permitted to work for the private practitioners provided that the work of the medical instituitions in which the Maternity Assistants are employed is not interfered with. The Maternity Assistant should inform the medical officer concerned when she undertakes such work nder the private practitioners. and when she is called independently of the medical officer in-charge of the medical Institution, by the registered medical practitioner.

(Surgeon-General's Circular P. No. 81-G, dated 9th March 1939.)

69. Compensatory and other allowances.—(1) Maternity Assistants employed in Government Medical Institutions are given uniform allowance of Rs. 50 per annum and Dhoby allowance of Rs. 3 per mensem.

(G.O. Ms. No. 1102, Health, dated 10th May 1972.)

(2) They are entitled to rent free quarters. But a Maternity Assistant for whom quarters are not available shall be entitiled to draw House Rent Allowance at the rates sanctioned by the Government from time to tlme.

(G.O. Ms. No. 224, Finance, da ed 8th February 1971.)

Section 4—Pharmacists.

70. Term and conditions of service.—The service conditions of the Pharmacists re detailed in the Tamil Nadu Medical Subordinate Service Rules. For scale of Pharmacists sanctioned to medical institutions ,see paragraph 292.

71. Transfers, deputation and postings.—(1) Transfers and postings of Pharmacists—(1) from one hospital to another in the City of Madras or (2) from one hospital to another in the same district, if the appointing authorities are different or (3) from the City of Madras to the mufassal and *vice versa* or (4) from one district to another, shall be made by the Director of Health Services and Family Planning and the Director of Medical Education as the case may be.

(2) All transfers and postings of Chief Pharmacists shall be made by the Director of Health Services and Family Planning or the Director of Medical Education as the case may be.

(3) The District Medical Officer of each district except Chingleput, Thanjavur, Madurai, Tirunelveli and Coimbatore may depute Pharmacists for service in the Jail Department within the area of his jurisdtiction for a period which may extend to three years.

He may recall them for service in the Medical Department on the expiry of the above period or earlier, if necessary. In respect of Chingleput, Thanjavur, Madurai, Tirunelveli and Coimbatore the following officers will depute the Pharmacists to Jail Department respectively :—

(*a*) Superintendent, Chingleput Medical College Hospital, Chingleput.

(*b*) Superintendent, Thanjavur Medical College Hospital, Thanjavur.

(*c*) Dean, Government Erskine Hospital, Madurai.

(*d*) Superintendent, Tirunelveli Medical College, Hopsital, Tirunelveli.

(*e*) Superintendent, Coimbatore Medical College Hospital, Coimbatore.

(4) Transfers and postings of Pharmacists in the Jail Department within a district shall be made by the District Medical Officer concerned.

(5) Transfers and postings of Pharmacists from the Medical Department to the Jail Department within a district shall be made by the District Medical Officer concerned.

(6) Transfers and postings of Pharmacists employed in the Forest dispensaries in the mufassal within a division shall be made by the District Forest Officer and outside the division by the District Medical Officer of the district in which the dispensaries are situated with the prior approval of the District Forest Officer concerned.

(7) Transfers and postings of Pharmacists employed in the dispensaries under the control of the Education Department shall be made by the District Medical Officer of the district concerned in the mufassal and the Dean, Government General Hospital, Madras in the Madras City, in consultation with the head of the Educational Institution concerned.

(8) There shall be the combined cadre of Pharmacists and Nursing Assistant. Grade I and Grade II working in the Primary Health Centres and General Medical Institutions in the District under the following arrangements:—

(i) The District Medical Officer and the District Health Officer of the District concerned shall be the appointing authorities for the posts of Pharmacists and Nursing Assistants (Grade I and Grade II) in respect of the medical institutions under their respective jurisdiction.

(ii) The entire District shall be considered to be "one unit" for the purpose of promotion of the Pharmacists and the Nursing Assistants working in the Primary Health Centres under the Public Health Wing and those in the Government Medical Institutions under the Medical wing to higher posts both in the public Health side as well as in the medical side.

(iii) There shall be interchangeability of the Pharmacists and Nursing Assistant Serving in both the Public Health and Medical wings in the District; and

(iv) The Distict Mecical Officer of the District concerned shall be the co-ordinating authority who shall maintain a combined list of seniority of Pharmacists and Nursing Assistants working both in the medical and public health wing of the District for purposes of promotion and transfer.

(G.O. Ms. No. 2012, Health, dated 30th August 1972.)

72. **Theatre Assistants.**—(1) Appointment to the posts of Theatre Assistants is made by recruitment by transfer from Nursing Assistants of the Tamil Nadu General Subordinate Service appointed after the 7th May 1930 who have rendered satisfactory service for a period of not less than five years as Nursing Assistant and who possess a fair knowledge of English or if no suitable Nursing Assistants is available, by direct recruitment. All qualified Nursing Assistants eligible for promotion as Theatre Assistants should be given facilities to work in a theatre for some time, inturn, with a view to gauge their suitability for appointment by transfer to the post of Theatre Assistant.

(2) (i) Candidates recruited direct should have passed the IX Standard in a recognised school maintained, by or opened with the sanction of the State Government or to which recognition has been accorded by the Director of School Educaton, Madras under the Tamil Nadu Educatonal Rules.

(ii) Every person appointed by direct recruitment as Theatre Assistants shall within the period of his probation undergo the training prescribed for the Nursing Assistants.

(iii) Every person appointed by Direct recruitment as Theatre Assistant shall, within the period of his probation pass the examination held at the end of the prescribed training.

73. Conditions of service for other posts included in the Tamil Nadu Medical Subordinate Service are governed by the General Rules of the Tamil Nadu State and Subordinate Services and the Special Rules of the Tamil Nadu Medical Subordinate Service published in Volumes I and III of the Tamil Nadu Services Manual.

Section 5—Miscellaneous Posts, etc.

74. **Demonstrators — Non-Medical Demonstrators.**—Non-Medical Demonstrators are employed for giving instructions to students in subjects such as Chemistry excluding Bio-Chemistry. The posts held by Non-Medical Demonstrators are included in the Tamil Nadu Educational Subordinate Service and their conditions of service are governed by the rules of that Service.

(G.O. No. 2114, Education and Public Heralth, dated 13th September 1937.)

CHAPTER V

NON-GAZETTED SERVICES IN THE HEALTH AND FAMILY PLANNING AND MEDICAL EDUCATION DEPARTMENTS (NON-TECHNICAL).

Section 1—Tamil Nadu Ministerial Service.

75. **Categories of posts.**—The following categories of posts in the Health Services and Family Planning and Medical Education Departments are included in the Tamil Nadu Ministerial Service:

Category—Office Manager

Superintndents.

Category 6-

Stewards

Category 7—

Head Clerks

Category 8—

Accountants

Assistant Lay Secretaries,

Category 9—

Cash keepers

Cashiers

Category 12—

Assistants

Category 14—

Junior Assistants

Category 15—

Librarians

Assistant Librarians

Telephone Operators

Category 16—

Store-keepers

Category 17—

Typists and Steno-typists.

Category 18—

Linen Keepers

Laundry Supervisors

76. **Cadre strength.**—The cadre strength of the various categories of posts are detailed in the Annual Lists of clerical staff in the Health Services and Family Planning and Medical Education Department in the City of Madras and the muffassal published by the Director of Health Services and Fumily Planning.

77. **Posts carrying Security deposits.** The following are the posts, the holders of which are required to furnish security deposits for the due and faithful performance of their duties.

Serial number and name of the Institution.	*Designation of the security post.*	*Number of post.*	*Amount of security*
(1)	(2)	(3)	(4)
			Rs.
I Madras Medical College, Madras.	1 Cashier (Assistant) College Office ..	1	1,500
	2 Cashier (Assistant) Men's Hostel ..	1	2,000
	3 Assistant (Women's Hostel) ..	1	500
	4 Junior Assistant (Men's Hostel) ..	1	500
	5 Junior Assistant (Dental Wing) ..	1	1,000

Serial number and name of the institution.	*Designation of the security post.*	*Number of post.*	*Amount of security.*
(1)	(2)	(3)	(4)
			RS.
II Stanley Medical College, Madras. ..	1 Accountant (Assistant-Main Office) ..	1	2,000
	2 Students' Clerk (Assistant-Main Office)		1,500
	3 Scholarship (Assistant-Main Office) ..	1	1,500
	4 Junior Assistant (Hostel) ..		500
	5 Junior Assistant (Do) ..		1,000
III Kilpauk Medical College, Madras.	1 Accountant	1	1,500
	2 Hostel Accountant	1	1,500
	3 Furniture Store-keeper	1	1,500
	4 Cashier	1	500
IV Stanley Hospital, Madras ..	1 Medical Store-keeper	2	2,000 (each)
	2 Furniture Store-keeper	1	500
	3 Cashier	1	1,500
	4 Provision Store-keeper	1	1,000
	5 Chief Pharmacist	1	250
	6 Hospital Stoppages Assistant	1	250
	7 Linen-keeper	1	750
V Madurai Medical College, Madurai.	1 Medical Store-keeper	1	1,000
	2 Cashier (Assistant)	1	500
	3 Junior Assistant (Men's Hostel) ..	1	1,000
VI Government Erskine Hospital Madurai.	1 Store Clerk (Miscellaneous Store) ..	1	250
	2 Store Clerk (Condemnation Store) ..	1	250
	3 Store Clerk (Linen Store)	1	250
	4 Cashier (Assistant)	1	1,500
	5 Steward (Assistant)	1	250
	6 Store Clerk (Furniture and Crockery)	1	250
	7 Casualty Junior Assistant	2	500 (each)
VII Kilpauk Medical College Hospital, Madras.	1 Accountant	1	1,500
	2 Cashier	1	500
	3 Provision Store-keeper	1	500
	4 Medical Store-keeper (Assistant) ..	1	1,500
VIII King Institute, Guindy	1 Cashier	1	1,000
	2 Store Keeper (Miscellaneous) ..	1	1,000
	3 Medical Store-keeper	1	1,000
	4 Senior Store Assistant (Medical Stores)	1	1,000
	5 Technical Assistant (Medical Stores)	1	1,000
	6 Medical Store-keeper (Medcial Stores)	1	1,000
	7 Fodder Store-keeper	1	1,000
	8 Photo Artist	1	1,000
IX Institute of Obstetrics and Gynaecology Government Hospital for Women and Children, Madras.	1 Hospital Stoppage Assistant	1	500
	2 Linen keeper	1	750
	3 Furniture Store-keeper	1	750
	4 Medical Storer-keeper	1	1,000
	5 Provision Store-keeper	1	5,000
	6 Cashier	1	1,600
	7 Surgical Store-keeper (newly created post).	1	not fixed yet.

Serial number and name of the institution.	Designation of the security post.	Number of post.	Amount of security.
(1)	(2)	(3)	(4)
			Rs.
X Institute of Child Health and Hospital for Children, Madras.	1 Medical Store-keeper	1	1,000
	2 Linen keeper	1	250
XI Thanjavur Medical College, Thanjavur.	1 Assistant (Store-Keeper)	1	1,000
	2 Assistant (Cashier)	1	1,500
XII Tirunelveli Medical College, Tirunelveli.	1 Assistant (Hostel)	1	2,000
	2 Junior Assistant (Hostel)	1	500
XIII Chingleput Medcial College, Chingleput.	1 Assistant (Store Section)	1	500
	2 Cashier	1	500
	3 Junior Assistant (Hostel)	1	500
	4 Assistant (Hostel)	1	2,000
XIV Coimbatore Medical College, Coimbatore.	1 Assistant (College Office incharge of Stores furniture and crockery)	1	500
	2 Assistant (incharge of Accounts) ..	1	500
	3 Assistant (Hostel)	1	2,000
XV Government General Hospital, Madras.	1 Cashier (Assistant)	1	2,000
	2 Medical Store-keepr (Medical) Technical.	1	2,000
	3 Medical Store-keeper (Surgical) Technical (Upgraded).	1	2,000
	4 Store-Keeper (B.I.R.) (Assistant) ..	1	500
	5 Provision Store-keeper (Assistant)	1	1,000
	6 Furniture Store-keeper (Assistant)	1	2,000
	7 Linen keeper (Assistant)	1	1,000
	8 Lanundry Supervisor (Junior Assistant)	1	500
	9 Mechanical Store-keeper (Assistant)	1	400
	10 Store-keeper (A.L.C.) (Assistant) ..	1	1,000
	11 Assistant Cashier (Junior Assistant)	1	500
	12 Hospital Stoppage Assistant	1	250
	13 Junior Assistant (Casualty 3 posts) ..	3	250 (each)
	14 Junior Assistant (Counter) B.I.R. ..	1	250
	15 Junior Assistant-*cum*-Typist (Blood Bank).	1	250
	16 Linen checker	1	250
	17 Assistant Provision Store-keeper (Junior Assistant).	1	250
	18 Junior Assistant (Dental Department)	1	250
XVI Government Royapettah Hospital, Madras-14.	1 Medical Store-keeper (Assistant) ..	1	1,500
	2 Cashier (Assistant)	1	1,000
	3 Provision Store-Keeper (Assistant) ..	1	500
	4 X-Ray Clerk (Junior Assistant)	1	500
XVII Government Mental Hospital, Madras.	1 Provision Store-keeper (Assistant) ..	1	1,000
	2 Linen keeper (Assistant)	1	1,000
	3 Cashier (Assistant)	1	1,000
	4 Hospital Stoppage Assistant	1	500
	5 Kitchen Steward (Junior Assistant) ..	1	100
XVIII Government Ophthalmic Hospital, Madras-8.	1 Cashier (Junior Assistant)	1	500
	2 Chief Pharmacist	1	500

Serial number and name of the institution.	Designation of the security post.	Number of post.	Amount of security.
(1)	(2)	(3)	(4)
XIX Government Kasturba Gandhi Hospital for Women and Children, Madras.	1 Cashier	1	2,000
	2 Medical Store-keeper	1	2,000
	3 Furniture Store-keeper	1	500
	4 Provision Store-keeper	1	1,000
	5 Linen Keeper	1	750
	6 Hospital Stoppage Assistant	1	500
	7 Chief Pharmacist	1	500
	8 Junior Assistant in-charge of O.P. Department.	1	150
XX Government R.S.R.M. Lying-in-Hospital, Madras.	1 Medical Store-keeper	1	500
	2 Cashier	1	500
	3 Furniture Store-keeper	1	100
	4 Provision Store-keeper	1	300
XXI Government Thiruvotteeswarar Tuberculosis Hospital, Otteri, Madras.	1 Furniture Store-keeper	1	500
	2 Chief Pharmacist Medical and Surgical Store keeper.	1	2,000
	3 Provision Store-keeper	1	500
	4 Library-Stationery Store-keeper ..	1	500
XXII Government Tuberculosis Sanatorium, Tambaram.	1 Provision Store-keeper (Assistant) ..	1	500
	2 Cashier (Assistant)	1	500
	3 Furniture Store Clerk (Junior Assistant)	1	250
	4 Store Keeper Amrit Nagar Colony (Junior Assistant)	1	250
XXIII Raja Mirasdar Hospital, Thanjavur.	1 Cashier (Assistant)	1	500
	2 Linen Clerk (Junior Assistant) ..	1	250
	3 Furniture (Junior Assistant)	1	250
XXIV Thanjavur Medical College Hospital, Thanjavur.	1 Cashier	1	500
	2 Chief Pharmacist	1	250
	3 Artist-*cum*-Photographer	1	1,000
XXV Tirunelveli Medical College Hospital, Tirunelveli.	1 Cashier	1	500
XXVI Coimbatore Medical College Hospital, Coimbatore.	1 Chief Pharmacist	1	1,000
	2 Cashier (Assistant)	1	500
	3 Assistant (Medical Store)	1	250
	4 Junior Assistant (Linen)	1	250
	5 Junior Assistant (Furniture)	1	250
	6 Junior Assistant (Provision Store) ..	1	250
XXVII Chingleput Medical College Hospital, Chingleput.	1 Assistant (Cash)	1	500
	2 Assistant (Furniture)	1	500
	3 Chief Pharmacist	1	250
	4 Chief Pharmacist	1	250
XXVIII Government Chest Institute, Chetput, Madras.	1 Head Clerk	1	750
	2 Store keeper	1	1,000
XXIX Directorate of Medical Education, Madras.	1 Cashier (Assistant)	1	2,000

78. Method of recruitment and allotment of candidates.—The method of recruitment to different categories and posts included in the Tamil Nadu Ministerial Service and the system of allotment of candidates to various offices are laid down in the Special Rules for the Tamil Nadu Ministerial Service.

79. Introduction of one unit system for entire Ministerial Staff in the Medical Department.—The entire ministerial staff of the Medical Department in the State shall be treated as a single unit for purposes of appoinment, promotion, transfers, etc., with effect from 23rd June 1971.

(G. O. Ms. No. 1633, Health, dated 23rd June 1971.)

80. Promotion and transfers.—Candidates for the posts of Junior Assistants and Typists are obtained from the Tamil Nadu Public Service Commission by the Director of Health Services and Family Planning who is the unit officer and are allotted to the Director of Medical Education and Director of Indian Medicine for the purpose of distribution among the appointing authorities under their control.

Promotions to following categories of post in the Ministerial service are done by the Director of Health Services and Family Planning, Madras being the unit officer under the single unit system.

1. Assistants

2. Higher Grade Ministerial staff.

Persons promoted to these categories are allotted to Director of Medical Education and to Director of Indian Medicine according to their requirements. Posting and transfers are done by the respective Directorates within the institutions under their control.

81. *Deleted.*

[G.O. Ms. No. 508, Public (Services-A) dated 9th March 1972].

82. Transfers of store-keepers in Government Medical Institutions in the Madras City.—Period spent in checking of stores treated as duty.

(1) In case where Store-keepers in the Madras City are transferred from one institution to another and the transfer charge is prolonged, thereby rendering it possible for two Government servants to become entitled to draw pay and allowances simultaneously in respect of one and the same post, the procedure laid down in rule 513 of the Tamil Nadu Public Works Account Code should be followed.

(2) The heads of institutions concerned should certify whether or not the period spent by the Store-Keepers on handing and taking over charges of the Stores is reasonable. In any case the period should not exceed a maximum of five days exclusive of the joining time admissible.

(G.O. No. 2805, Health, dated 2nd September 1952.)

Section 2—The Tamil Nadu General Subordinate Service.

83. Constitution.—The following appointments in the Medical Department are included in Class XIX of the Tamil Nadu General Subordinate Service.—

(1) Attendants in Mental Hospitals—

Grade I.
Grade II.

(2) X-ray Attendants.

(3) Attenders attached to the Museum and Giffard school in the Government Hospital for women and Children, Madras.

(4) Attendant attached to the Elliot School in the Government Opthalmic Hopitsal, adras.

(5) Wiremen

Grade I. and Grade II.

(6) Drivers—

Grade I. and Grade II.

(6-A) Gas-house Superintendent, Government General Hospital, Madras.

(7) Gas-makers—
Grade I. and Grade II.

(8) Weighmen—
Grade I. and Grade II.

(9) Attendants attached to the mortuary and refrigerator, Government General Hospital, Madras, Grade I.

Attendants (mortuary, life, animal, linen and belt), Grade II.

(10) Telephone Attenders.

Muchi, King Institute, Guindy.

(11) Animal Attendant, Grade I.

Animal Attendant, Grade II, Medical College, Madras.

(12) Sergeant, Medical College, Madras.

(13) Nursing Assistants—
Grade I.
Grade II.

(14) Jamadars.

(15) Chauffeurs,

(16) Fitters.

(17) Carpenters in Government Medical Institutions.

(18) Tailors in Government Medical Institutions.

(19) Time-keeper, Government General Hospital, Madras.

(20) Play teachers in Government General Hospital, Madras.

(21) Kust Nivaran Sevak in Government Medical Institutions.

(22) Injectors,Grade I and II in the Government Medical Institutions.

84. Conditions of service.—The conditions of service of the holders of the posts are governed by the General Rules of the Tamil Nadu State and Subordinate Services contained in Volume I of the Tamil Nadu Services Manual and the Special Rules for the Tamil Nadu Genrral Subordinate Services contained in Volume III of the Tamil Nadu Services Manual.

Provided that if any provision in the General Rules conatained in Volume I of the Tamil Nadu Services Manual is repugnant to a provision in the special rules applicable to the service conatained in Volume III of the Tamil Nadu Services Manual, the latter shall prevail over the provision in the General Rules.

Nursing Assistant.

85. Training.—The rules regarding the training of Nursing Assistants for employmenti in Government Medical Institutions in the State of Tamil Nadu are contained in paragraph 241 of the Code nd Appendix XIV.

86. *Deleted.*

87. *Deleted.*

Section 3—Tamil Nadu Last Grade Service.

88. *Deleted.*

89. *Deleted.*

90. Conditions of service.—The conditions of service of the holders of the posts included in the Tamil Nadu Last Grade Service are governed by the Special Rules for the Tamil Nadu Last Grade Service contained in the Tamil Nadu Services Manual, Volume III.

[G.O. Ms. No. 1962, Public (Services-G), dated 25th June 1971].

CHAPTER VI.

DUTIES OF MEDICAL OFFICERS

Section I—Duties and powers of District Medical Officers—Civil Surgeons and other Medical Officers.

91. **General.**—(1) The official designation of the Medical Officer in-charge of a district is "District Medical Officer" and that of the officer in-charge of a station "Civil Surgeon".

(G.O. No. 707, dated 22nd September 1894).

(2) They are attached to districts and Civil stations for the purpose of affording medical aid within their jurisdiction in accordance with the rules and regulations laid down by Government. They are entrusted with the direct control of all Government Medical Institutions established at their headquarters with the exception of those which are in charge of Medical Officers of and above the rank of a Civil Surgeon. They also hold medical charge of the jail at their respective stations when the Superintendents of jails are not medical officers. The District Medical Officers are required to inspect once a year all medical institutions (other than those which are in charge of medical officers of and above the rank of a Civil Surgeon) and to advise the Panchayat Unions and Municipal Councils in all matters affecting Medical institutions under their management. They should also check and control indents for medical stores required for medical institutions in the distric In the case of districts where no Lay Secretaries are employed in the District Headquarerts Hospitals concerned the District Medical Officers will also audit the accounts of the other Government hospitals in the district during their annual inspection. They are also responsible for the due submission to the Director of Health Services and Family Planning of all statistical returns relating to the institutions in the district and of periodical reports on the work of all medical Officers.

(3) The office of the District Medical Officer should be at the headquarters hospital or in its immediate vicinity.

(G.O. No. 445, L. dated 2nd March 1889 and
G.O. No. 360, L. & M., dated 28th February 1895).

92. (*a*) **Duties of District Medical Officers.**—The duties of the District Medical Officers are—

(1) to advise the Commissioners of Panchayat Unions and Municipalities on all professional matters conneeted with the administration of the hospitals and dispensaries managed by them and to lay before those officers all recommendations for appointment. transfer, promotion or punishment, etc, of the subordinate medical staff employed by them.

(2) to bring to the notice of Revenue and Judicial Officers all circumstances which, in their opinion, are prejudicial to the Health of Government Servants, prisioners in jails and the civil population generally.

(G.O. No. 1681, Public Health, dated 8th October 1923).

NOTE.—The District Medical Officer and the District Health Officer should co-operate with each other in Public Health Work and there should be a free exchange of views and mutual help between the two Officers.

(G.O. No. 1258, Public Health, dated 27th July 1923).

(3) To supervise and control the medical establishments of jails, dispensaries or mental hospitals at the district headquarters and to perform, while residing at headquarters all the ordinary civil work of the district.

(S.O. No. 33, dated 11th July 1895.)

NOTE.—The term 'Ordinary Civil Work' includes attendance on ordinary civil or quasi-civil officers, on all civil establishments, on all strangers passing through the district in Government employ in some other district and all isolated officers or small parties or officers employed in or travelling about the district. Attendance beyond distance of 8 kilometres should not be considered compulsory, except under extraordinary circumstances.

(G.O. No. 571, Public, dated 6th May 1872).

(4) to check and control all indents from subordinate medical officers in independent charge throughout the district including the indents of medical practitioners in charge of rural dispensaries.

(5) to control and supervise the leprosy clinics attached to their respective centres and to deal with all correspondence connected with the working of the clinics.

(G.O. No. 4795, Public Health Mis., dated 12th October 1940).

(6) to control the expenditure of Government hospitals in the district in the capacity of Subordinate Controlling Officer by watching its progress in accordance with the detailed instructions issued on the subject.

(7) to inspect, as far as possible, all the medical institutions including rural dispensaries in their respective districts except those which, the Director of Health Services and Family Planning arranges, should be inspected by the medical officers once every year and oftener if necessary. Inspections shall usually be made without previous announcement and during working hours, unless there are special reasons justifying a departure from this rule. District Medical Officers are permitted to depute their assistants to visit such of the larger institutions as required to be inspected more frequently than once a year or any other institutions which are the District Medical Officer cannot inspect but in such cases, inspection reports of Assistant District Medical Officers should be forwarded through the District Medical Officer concerned.

NOTE.—The District Medical Officer should personally inspect Government medical institutions at taluk headquarters. He can depute any of the Medical Officers, under his control to inspect and report on the other medical institutions, viz., Panchayat Union and municipal institutions and rural dispensaries of modern medicine, private aided medical institutions, etc. If he receives a bad report from the Inspecting Officers about any of these institutions, the District Medical Officer should look into the matter by personal inspection.

(G.O. No. 3790, Public Health, dated 19th August 1940.)

(8) Points for the inspecting officers of Medical Institutions.—Inspecting Officers of Medical Institutions shall pay special attention to the following points :—

(*a*) abservation of the routine work of the institutions;

(*b*) inspection of the compound ;

(*c*) inspection of the buildings ;

(*d*) inspection and checking of furniture, lamps, etc., other than Medical and surgical material and equipment ;

(*e*) detailed examination of cases in hospital, with reference to treatment and diet-inquiry into the methods of dieting of patients—inspection of raw material and cooked food ;

(*f*) inspection and checking of bedding and clothing ;

(*g*) inspection of stock of medicines held with reference to—

(1) Sufficiency, method of storing and issue,

(2) Case of poisons;

(3) Checking of stock-book with reference to—

(*i*) method and accuracy of accounting for expenditure, and

(*ii*) ascertaining sufficieny of supply available until receipt of next annual indent

(*h*) examination of all surgical equipment with a view to ascertaining—

(1) sufficiency,

(2) working efficiency of the individual articles.

(3) methods of storing.

The minor and major operation registers should be inspected in order to ascertain what extra surgical equipment is really required which is largely dependting on the individual medical Officer's capacity and desire to do practical surgery.

(*i*) inspection of all registers,

(*j*) detailed inquiry into the work of Materinity Assistant the following points to receive attention:—

(1) number of cases done with reference to minimum allotted;

(2) actuality or otherwise of the check which should be maintained by the medical officer over cases.

(3) inspection of equipment which the Maternity Assistant takes with her to cases;

(4) whether the medical officer gives her proper help;

(5) inquiry as to Maternity Assistant's popularity ; and

(6) her fitness ;

(*k*) the pharmacists, ward boys and menials should be interviewed, asked if they have any complaints or grievances—The medical officer should be asked about their work and any matters affecting them inquired into;

(*l*) special investigation of building with reference to repair, white washing and recommendations for future extension should be made ;

(*m*) special instructions to medical officer, regarding condemnation, repair and replacement of—

(1) furniture,

(2) bedding and clothing,

(3) equipment,

(4) disposal or destruction of condemned articles.

(5) where articles should be repaired ? Local or stores,

(6) when indents for replenishment should be sent in, i.e., urgently or at the time of next indent ;

(*n*) consideration as to whether equipment considered unnecessary or in excess could not be transferred to other institution which lacks the article in question.

(*o*) enquiry into the time taken by the Panchayat Union to pass contingent, travelling allowance and pay bills ;

(*p*) Instruction to the medical officer as to the alteration or improvement of methods of working, and

(*q*) inspection of post-mortem room.

(9) Inspecting Medical Officers shall record the results of the inspections in a report in the Medical Form 1-159 or 160. The report shall be written at the time of the inspection and shall be made out in quadriplicate.

(10) Immediately after the inspection a copy of the report should be sent to the Commissioner of Panchayat Union/Chairman of the Municipal Council which maintains the institution and another copy to the Director of Health Services and Family Planning. The other two copies shall be retained for record one in the office of the District Medical Officer and the other in the institution inspected.

(11) After the close of each Calender year, District Medical Officers shall submit to the Director of Health Services and Family Planning a brief report on all medical institutions in their respective districts.. Comments on matters of general interest may be included in these reports. The reports should reach the Director of Health Services and Family Planning on the date prescribed for the receipt of the annual statistical returns on hospitals and dispensaries.

(12) District Medical Officers and Civil Surgeons should forward to the Director of Health Services and Family Planning, a copy of the remarks made by the latter in the visitor's book of the institutions at the time of his inspection.

(Circular No. 50, dated 14th November 1894.)

(13) As regards the functions, etc., of the District Medical Officers in regard to the administration of medical institutions maintained by local bodies (*see* paragraph 351).

(14) In order to enable the Director of Health Services and Family Planning to have an idea of the touring work done by the District Medical Officers in their respective jurisdiction, a copy of their tour programme should be sent to the Director of Health Services and Family Planning, regularly whatever may be the period of absence involved.

(Surgns-General's P. No. 202-E1/47, dated 8th July 1947)

(15) District Medical Officers are permitted to take Junior Assistant with them on tour of inspection, if necessary, and a peon.

(Surgeon-Generals, P. No. 140-G, dated 11th June 1929-239H, dated 16th November 1936 and Appendix 15/Medl. of the Audit Manual.)

(16) The District Medical Officers may appoint Medical Officers under their control and the Medical Officers in Primary Health Centres, in consultation with District Health Officers, as Authorised Medical Attendants.

92-(*b*) Allocation of duties among the Superintendent, Physician, Deputy Superintendent, Resident Medical Officer, Assistant Resident Medical Officer of the Government Mental Hospital, Madras.

I. Superintendent—

1. Superintendent shall exercise complete control of the Hospital.

2. Control of the Medical and Nursing Staff.

3. Attendances to professional duties in the Hospital.

4. Advice and guidance to professional subordinate staff in the methods and improvements of treatment to patients, as the Senior Medical Officer and Specialist in the branch.

5. Duties of Professor of Mental Disease by giving regular lectures and Clinical Demonstrations to students from the Madras Medical College.

6. Proposals regarding additions, alterations, etc., to the hospital and administrative buildings.

7. Responsibility for the proper maintenance of the hospital.

8. Correspondence with the Director of Medical Education on professional matters.

9. Correspondence with all bodies on the professional side of the hospital administration like admission, discharge, detentions, welfare and treatment of patients, fixation of maintenance charges, hospital administration report and such other Medical and Technical and subjects outside the purview of the Lay Secretary (Administrator).

10. General administration control of the whole hospital administration including that of Lay Secretary (Administrator) and his field of work.

11. Will be in-charge of Psychiatric Out-patient in Government General Hospital and will be visiting 5 days a week.

12. Consulting Out-patient Services, Government Mental Hospital, Madras, 3 days per week.

II. Physician—

1. Attendance to the professional duties in the hospital as Physician.

2. Decision on the needs of Medical co-Surgical instruments, professional appliances, etc., required for the hospitals subject to the availability of funds in consultation with the Superintendent will be in overall charge of Medical Stores.

3. Imparting lectures to the Medical students from Stanley Medical College, Consultant in the Out-patient Services of Psychiatric Clinic in the Government Stanley Hospital for 5 days in a week.

4. Consultant in Psychiatric Out-Patient Department, Government Mental Hospital, Madras, for 3 days in a week.

5. Will be in-charge of Department of Psychology.

6. Medical Officers casual leave will pass through the Physician,

7. Overall supervision of occupation Theraphy Section.

8. Will perform such other duties as may be entrusted to him from time to time by the Superintendent.

III. Deputy Superintendent—

1. Control of all the staff except Medical Officers, Nursing Staff snd Ministerial Staff.

2. Selection for appointment, leave, disciplinary proceedings, etc., pertaining to the Last Grade Government Servants.

3. Supervisory charge over the general out-patient Department, Dispensary, Medical Stores, Occupation and Recreation Centres.

4. He shall make periodical and supervise rounds in the various sections of the hospital and attendant's lines,

5. Overall charge of non-medical side of Administration of the Hospital.

6. Will perform such other duties as may be entrusted to him from time to time, by the Superintendent.

7. He shall reside in the quarters provided for him and give his whole time to the duties of his appointment.

8. Enquiries regarding disciplinary proceedings, incidence like escape, cruelty, sudden death of patients in the hospital and theft, etc.

9. Charge of correspondence relating to the patients admission, discharge, committee of visitors. statistics, annual reports and returns.

10. Responsible for the proper maintenance of case records.

11. Public Works Department correspondence regarding proposals for additions, new schemes and routine matters.

12. Arrange the day and night duties of Medical Officers.

13. Social Workers will be under the immediate control of Deputy Superintendent.

IV. Resident Medical Officer—

1. Shall make administrative rounds of the hospital during night and check up the staff on duty and supervise rounds by day. He shall do alternative duties with Assistant Resident Medical Officer.

2. Shall be in-charge of ward and Library.

3. He will do such other duties as may be entrusted to him from time to time by the Superintendent.

4. Duty is full time and shall reside in the quarter.

5. Shall be in-charge of Last Grade Government Servants regarding their posting, attendance work. minor, complaints, etc.

6. Shall visit the servants' line periodically and inspect the sanitation and cleanliness.

7. Shall inspect repairs done by the Public Works Department before accepting the work.

V. Assistant Redsident Medical Officers—

1. Shall be in-charge of movement of hospital vehicles under the control of Deputy Superintendent.

2. He will be in-charge of a ward.

3. He will take alternative rounds with Resident Medical Officer.

4. He will do such other duties as may be entrusted to him from time to time by the Superintendent.

5. Duties are full time and he shall reside in the quarters.

6. Shall visit the kitchen and inspect the cooked food before despatch to the sections and attend to the sanitation.

7. Shall carry out the monthly kit inspection of the last grade servants.

93. **Tours of inspection during absence of Assistant Surgeon.**—Before proceeding on inspection duty involving absence from headquarters, District Medical Officers should report for the information of the Director of Health Services and Family Planning the dates of their departure from, and of probable return to their headquarters. When their assistants are absent from any cause, they should report also the necessity for proceeding on inspection duty in their districts, and should specify the arrangements they propose to make for the performance of their duties at the headquarters during their absence. Except in cases of an urgent nature or during the prevalence of an epidemic when their presence elsewhere may be required, they should not give over charge of their station to an Assistant Surgeon other than the Assistant District Medical Officer without having previously obtained the sanction of the Director of Health Services and Family Planning.

94. **Assistant District Medical Officer.**—An Assistant Surgeon is sanctioned for each district of the State in order to provide for the headquarters medical duties in the absence of the District Medical Officer on inspection duty in the district. When holding such appointment he is designated "Assistant District Medical Officer" and "Assistant Superintendent, District Headquarters Hospital", where the District Medical Officer holds such a charge.

(G.O. No. 391, Public, dated 22nd February 1883,
G.O. No. 725, Public, dated 7th September 1893,
G.O. No. 905, Public, dated 29th November 1894,
and G.O. No. 957, Public, dated 17th December 1894.).

92.′**Designation when holding additional charge of higher posts.**—The designation of au Assistant Surgeon appointed to hold full charge of the post of the District Medical Officer and Superintendent, Government Headquarters Hospital, in addition to his own duties, is "Assistant Superintendent in-charge of Government Headquarters Hospital," in relation to hie duties as Superintendent and "Assistant District Medical Officer in-charge of (district)" in relation to his duties as District Medical Officer. The appropriate designation on the lines indicated above should be used when an officer is holding additional charge of the higher post.

(G.O. No. 519, Public Health, dated 11th March 1935.)

96. **Duties of an Assistant District Medical Officer holding full additional charge of the posting of District Medical Officer in the absence of later.**—An Assistant District Medical Officer holds full additional charge of the post of District Medical Officer, when the latter is either on casual leave or on tour, can perform all administrative and professional duties attached to the post of District Medical Officer except those the performance of which requires an officer of the status and rank of a Civil Surgeon. He will have no jurisdiction over officer of his status (viz., Assistant Surgens) in disciplinary matter, but he may take disciplinary action against other subordinates acting as the head of the hospital and acting as the head of the District Medical Administration. He cannot however issue certain classes of certificates, which only a Civil Surgeon can issue—*vide* paragraph 472 of this Code. He may sign pay and contingent bills and countersign the travelling allowance bill, etc., of Assistant Surgeons working in the district as the *locum tenens* for the Head of the District Administration. He may also give the necessary advice to the Commissioner of Panchayat Union in medical matters and also for the appointments. punishments, postings and transfers of Panchayat Union Medical Officers, Nurses, Pharmacists, etc.

(G.O. Ms. No. 322, Health, dated 31st January 1952 and
Surgeon-General's Circular P. No. 21-E-1-52, dated 6th February 1952.)

97. Duties of Assistant District Medical Officers.—(1) The Assistants should be made conversant with the medical administration of the district in all its branches. In the case of districts in which Lay Secretaries are not employed in the respective District Headquarters, Hospitals, the office staff should always be under the Assistant District Medical Officer and should take orders from him subject to the control of the District Medical Officer.

(Circular P. No, 34/E, dated 21st February 1923 and
G.O. No. 857, Publie Health, dated 17th March 1948.)

(2) In the case of districts in which Lay Secretaries are not employed in the respective District Headquarters Hospitals, Assistant District Medical Officers should see that the office and its records, books, etc., are kept in the order, the various statements,returns etc., are punctually submitted and the current work carried on without delay, subject, of course, to the supervision of the District Medical Officer.

(3) They should attend to, and assist in the duties of the several medical institutions at headquarters . They may be deputed by the District Medical Officer to visit localities attacked by epidemic diseases and such of the medical institutions in the district as required to be inspected more frequently than once a year, and also to supervise medical arrangements at fairs and festivals.

(Circular No. 22, dated 10th July 1883,
(G.O. No. 57, Public dated 24th January 1895 and
(G.O. No. 644, Public, dated 1st August 1904.)

(4) They will also be in-charge of the out-patient department in all District Headquarters Hospital. With the assistance of the Assistant Surgeons, they will as far as possible, personally see and prescribe for Out-patient; all important cases will be brought to the notice of the Superintendent of the headquarters hospital at the time of his morning visit. When the Superintendent is absent from the district on leave or otherwise and the Assistant Surgeon is placed in temporary charge, the duties connected without out-patient department will devolve on the medical officer doing duty at the hospital who is next in order of seniority.

(Circular P. No. 11, dated 11th August 1890 and
G.O. No. 644, Public, dated 1st August 1904.)

(5) District Medical Officer should require their Assistants to attend the jails atleast once a week when they are in heasquarters, in order that they may so familiarize themselves with the details of the administration of these institutions as to be able to take medical charge of them during the absence of their superior officers.

(G.O. No. 57, Public, dated 24th Jaauary 1895.)

(6) Wherever the District Medical Officer is Superintendent of the district jail, the Assistant shall, during the temporary absence or indisposition of his superior officer, superintendent the district jail, exercising during such period of superintendence, all the authority which by laws or the jail rules, for the time being, is vested in the Superintendent of a district jails.

(G.O. No. 2006, Judicial, dated 31st July 1883 and Section 62, Pricons Act IX of 1894 and G.O. No. 644, Public, dated 1st August 1904.)

(7) When the District Medical Officer is about to proceed on tour, he will hand over charge of the jail to his assistant who will exercise his functions only in the absence of the District Medical Officer.

(G.O. No. 321, Public, dated 22nd February 1883 and section 62, Prisons Act IX of 1894.)

NOTE.—Assistant District Medical Officers should not grant certificates for Postal Insurance, Commutation of Pension, etc., when they hold charge of the districts during the absence of the District Medical Officers on casual leave, court duty, tour or inspection, etc.

Surgeon-General's P. No. 8-B, dated 4th February 1938.)

98. Government and Departmental orders.—Circulation of Medical Officers in charge of hospitals, districts and Civil stations should see that all circulars and other Government or departmental orders, issued from the office of the Director of Health Services and Family Planning/ Director of Medical Education for the general information of the department,are duly and regulary circulated amongst medical officers and subordinates serving under them, Medical Officers are, however, allowed their own descretion in the matter of orders of a confidential or important nature.

(Circular No. 38, dated 25th October, 1894.)

99. Delegation of powers to Medical Officers.—The powers delegated to the medical officers as regard the grant of leave, transfer, etc., of the Government servants employed in the Medical Department are given below ;

Destination of the staff in respect of whom the delegation is made.	Extent of power delegated.	Authority to whom delegation is made.
(1)	(2)	(3)
Assistant Surgeons (Men and Women).	Power to grant leave other than special disability leave, subject to the condition that no substitute is required and the leave vacancy can be filled up by making local arrangements.	District Medical Officers, Principals, Deans or Superintendents of State Hospitals in the Madras City Civil Surgeons in independent are charge of Government Hospitals, Heads of teaching institutions, Directors of Institutes including the King Institute, Guindy and Superintendent, Tuberculosis Sanatorium, Tambaram and Superintendent, Mental Hospital, Madras.
Professor of Radiology, Physics, and Assistant Professor of Radiology, Physics in the Government Medical Institution.	Power to grant leave other than special disability leave, subject to the condition that no substitute is required and the leave vacancy can be filled up by local arrangements without extra cost to the Government.	Heads of Medical Institutions.
Staff Nurses and Radiographers.	Full powers to the grant of leave other than special disability leave.	District Medical Officers, Superintendent of all State Hospitals and Heads of Teachings Medical Institutions in Madras City and of the T.B. Sanatorium, Tambaram.
	Powers to transfer from one Hospital to another within the district provided that the transfers are effected on public grounds which should be recorded in writing and provided further the copies of all transfer orders are communicated to the Director of Health Services and Family Planning for his information.	District Medical Officers.
Head Nurses and Assistants on the scale of pay of Rs. 350—15—425-25 600 and Rs. 250—10—300 —15—450.	Power to grant leave other than special disability leave subject to the condition that no substitute is appointed in the leave vacancy.	District Medical Officers, Civil Surgeons in independent charge of Government Hospitals, Heads of Teaching Medical Institutions. The Superintendent Government T.B. Sanatorium, Tambaram.
Child X-ray Technicians ..	Power to grant leave other than special disability leave, subject to the condition that no substitute is required and the leave vacancy can be filled up by making local arrangement without extra cost to the Government.	Heads of Medical Institutions.

(1)	(2)	(3)
Honorary Medical Officers	Power to grant casual leave upto 20 days in a year.	Heads of teaching institution Superintendents or Medical Officers incharge not lower in rankthan a Civil Surgeon as the case may be.
Honoray Assistant Medical Officers.	Power to grant leave of absence other than casual leave of the 1/22 of duty subject to 9 maximum of 30 days at a time, if arrangements can be made for carrying on their duties without appointing substitutes and without extra expenditure to Government.	Heads of touching institutoins Superintendents or Medical Officers in-charge as the case may be

(G.O. Ms. No. 2811, Health, dated 16th November 1971.)

Compulsory Rotatory House Surgeons.	Powers to grant leave of absence for a period of one month in all during their one year of service for reasons of health or on urgent private affairs.	Dean or Principal in the College concerned,

(G.O. No. 2109, Health, dated 6th December 1966.)

Assistant Surgeons ..	Power to grant casual leave ..	District Medical Officers and Heads of Institutions not below the rank of a Civil Surgeons.

NOTE.—The authorities empowered to grant leave are also empowered to grant the certificate referred to in Note 2 under Subsidiary Rule 4 under Fundamental Rules 44 and permit the officers and the staff concerned to draw any compensatory allowance admissible to them during the period of leave sanctioned to them.

(G.O. No. 2291, Public Health dated, 12th August 1939 and G.O. No. 4434, Public Health, dated 1st December 1939.)

Pharmacists Maternity Assistants.	Power to transfer from are Government Medical Institution to another within a district on public grounds.	District Medical Officers.

(G.O. No. 464, Health, dated 23rd October 1940.)

Nursing Assistants ..	(i) Power to depute Nursing Assistants employed in non-training centres to undergo the course of training prescribed in G.O. No. 1121, P.H., dated 7th May 1930, at the District Headquarters Hospitals or other recognized training centre in the district.	Distsict Medical Officers.
	(ii) To sanction the payment of travelling allowance to the Nursing Assistants so deputed and also to the substitutes sent in their places from the training centres	

(G.O. No. 311, Public Health ,dated 23rd January 1941.)

(1)	(2)	(3)
Nursing Assistants	Powers to increase the cadre temporarily subject to the conditions specified below: (i) A temporary post shall be sanctioned only in a time of urgent necessity and in order to provide for attendance on special cases. (ii) There shall be paid to the holder of any such temporary post. A pay calculated at rate not exceeding Rs. 130 p.m. (iii) The number of temporary posts sanctioned at any time shall not exceed six. (iv) No temporary post shall be sanctioned for a period exceeding one month.	Dean, Government General Hospital, Madras.

(G.O. No. 793, Public Services, dated 28th April 1936 and No. 2017, Public Services, dated 25th October 1937.)

100. Power to execute contracts deeds, etc.—The under mentioned classes of deeds, contracts and other instruments shall be executed as follows:—

1. Agreement with medical practitioners in-charge of subsidised rural dispensaries.	By District Medical Officers.
2. Agreements with nurse pupils trained in Government Medical Institutions.	By Superintendents of training institutions concerned.
3. Agreements with Auxillary Nurse Midwife Training pupils in Government Medical Institutions.	Do.
4. Agreements with pupils trained on behalf of Government.	Do.
5. Security bonds for the due performance of their duties by Government Servants in the Medical Department.	By Officers in-charge of the institutions in which the Government Servants are employed.
6. Contracts for the supply of articles procured in the local market for medical institutions.	By Officers in-charge of the institutions.
7. Lease deeds in respect of buildings rented to serve as quarters for the nursing staff, pupil Midwives, etc.	Do.
8. Agreements relating to the leasing of private buildings for accommodating the nursing staff of Government Medical Institutions.	By the Med cal Officers in-charge of the institutions concerned.
9. Contracts agreement with the private firms, for the purchase of radiological and other items of equipment costing more than Rs. 10,000 (Rupees Ten thoudsand) required for use in Government Medical Institutions.	By the Deans/Superintendents/Principals of Government Hospitals and Medical Colleges and Director of Institutes District Medical Officers.

(Appendix No. 3 to the Tamil Nadu Financial Code Volume II and G.O. Ms. No. 2480, Health, dated 23rd October 1963).

101. Medical charge of jails.—The duties of Medical Officers in connection with the jail are laid down in the Tamil Nadu Prison and Reformatory Manual, Volume II and the subsidiary Jail Manual.

102. *Deleted.*

103. **Officers in Medical charge of Central Jails.**—If the uperintendents of Jail is not a Medical Officer, the District Medical Officer or the Medical Officer in-charge of a Civil Station shall, in the absence of orders to the contrary, be in-charge of the jail and draw the allowance prescribed for the duty.

(G.O. Ms. No. 784, Judicial, dated 1st June 1908.)

104. **Administrative charge of a jail in the absence of the Superintendent.**—(1) When the Medical Officer of the Jail is the District Medical Officer—

(i) The District Medical Officer should be in additional charge of the jail in the absence of the Superintendent for periods up to 14 days; and

(ii) if the period of absence of the Superintendent exceeds 14 days and if the District Medical Officer expresses his inability to hold additional charge, a full-time Superintendent should be posted to the jail either by promoting the Jailor or by making some other arrangement.

(2) When the Medical Officer of the jail is not the District Medical Officer, the Jailor may be in additional charge of the Superintendent's post whether the period of absence of the Superintendent exceeds 14 days or not.

(G.O. No. 1631, Home, dated 18th May 1953.)

105. **Arrangements for the discharge of duties of the Medical Officer during his absence.**—According to rule 50 of the Tamil Nadu Prisons and Reformatory Manual, Volume II, the duties of the Medical Officer of a jail during his absence shall be performed by the Assistant District Medical Officer or when there is no such officer by the Senior Medical Officer of the jail.

In the case, however, of the Special Sub-Jail (for males) at Salem of which the Assistant District Medical Officer, Salem, happens to be the Superintendent, the duties of the Medical Officer of the Special Sub-Jail shall be performed by the Senior Assistant Surgeon of the jail during the absence of the District Medical Officer, Salem, on casual leave, inspection, etc.

(G.Os. No. 506, Home, dated 12th February 1952 and
No. 1190, Home, dated 1st April 1952.)

106. **Medical Officers of Jail acting as Superintendent.**—The Inspector-General of Prisons, will, before placing any medical officer in executive charge of a jail during the absence of the Superintendent, invariably obtain the consent of the Director of Health Services and Family Planning to the arrangements.

(G.O. No. 38, Finance, dated 6th February 1883.)

107. **Medical Officer of sub-jails.**—(1) At stations where there is no sub-jails Medical Officer, his duties will be preformed by the Senior Medical Officer of the station in which the sub-jail is located or in his absence by the Medical Officer next to him.

(2) Registered Medical Practitioners in-charge of rural dispensaries may be entrusted with the ordinary duties of a Medical Officer of a sub-jail at station where the services of Medical Officers attached to Government, Panchayat Union or Municipal Medical Institutions are not available.

(G.O. No. 2347, Judicial, dated 27th September 1894.
Mis. No. 2094, Law (General), dated 26th June 1926 and
G.O. No. 980, Home, dated 28th March 1945.)

(3) Medical Practitioner possessing the L.I.M. qualifications whether employed in Panchayat Union and Municipal dispensaries or not may be entrusted with the work of medical attendance of sub-jails only where the services of practitioners of modern medicine are not available within easy reach of the jail. The remuneration to be paid to them shall be the same as that paid to practitioners of modern medicine, each case being decided on its merits.

G.O. No. 3181, Public Health, dated 10th December 1943.)

(4) The jail authorities may engage the services of an honorary Assistant Medical Officer in a Government Medical Institution or when there is no honorary Assistant Medical Officer, a private Medical Practitioner, in emergencies during the absence of any paid Medical Officer, if there is any serious case. The Honorary Medical Officer, if he is not receipt of any honorarium or the private medical practitioner, as the case may be, will be paid a consolidated remuneration subject to a maximum of Rs. 5 a day for the treatment, the grant of medical certificate, if any, and the travelling expenses for the journeys to and from in sub-jails if the arevice of any honorary Medical Officer in a Government Medical Institution, who is in receipt of honorarium, are utilized for the purpose, he should be allowed only the actual expenses incurred for the journeys, to and from the sub-jail.

(G.O. No. 1622, Home, dated 22nd May 1953.)

108. **Inspection of sub-jails.**—(1) Superintendent of sub-jails should visit the cells, premises kitchen and the latrine along with the Medical Officer twice a week to see to its cleanliness.

(2) They should see—

(*a*) that the cells are swept every day and washed with clean good water at least once in three days in order to minimise the stink in the cells;

(*b*) that receptacles properly coated with tar are provided in the cells for answering calls. during day time and night.

(*c*) that receptacles are provided in the latrines so that cleaning may be easy and more efficient;

(*d*) that some lime (chunam) is always keptwet in a bucket to white wash the floor to a distance of about 14 metres from the wall opposite to the cell door and the wall itself to a height about a metre, twice a week so as to minimise the smell of urine and spital;

(*e*) that where there is a proper enclosure to the sub-jail, the prisoners are taken out and kept within that enclosure or at least allowed to sit on the verandah, for two hours in the morning and two hours in the evening.

(Government memorandum No. 106746-C/48-2, Home, dated 28th December 1948).

109. **Treatment of prisoners on hunger-strike in sub-jails.**—It is the duty of sub-jail authorities to do what they reasonably can to keep prisoners in their charge in health and save from death. Where, therefore on account of hunger-strike, a prisoners is likely to cause his own death, the Medical Officer may in his discre ion, in such stage, as he thinks, fit, direct that the prisoner be forcibly it in his opinion it is only means of keeping him alive. Forcible g eeding should not be attended with violence, Until the Medical Officer directs that the prisoner be forcibly ted, food approved by the Medical Officer shall be regu rly placed at the side of the hunger-striker for his consumption and shall be renewed periodically. In case where orcible feeding cannot be given or institutional treatment is necessary the prisoner may, at the discretion to the Medical Officer, be sent to the District or Taluk Headquarters Hospital or the nearest hospital where necessary facilities are available.

110. **Points to be noted by inspecting Medical Officers.**—(1) District Medical Officers should make it a point to visit the sub-jails in their districts as often as possible. They should take particular interest in the administration of sub-jails, inspecting them whenever an opportunity occurs and to bring to the notice of the District Magistrate concerned or Government serious defects in their working and cases where defects of administration noted in the Inspection Register have not been remedied within six months of their being recorded.

(Circular P.No. 277-G, dated 15th July 1944.
Circular R. No. 18912/E-1, dated 26th March 1945 and
G.O. No. 3842, Home, dated 23rd October 1945.)

(2) The following points should be noted by Medical Officers during their inspection of sub-jails:—

1. Date of inspection.
2. Number of convicts.
3. Number of under-trials.
4. Their health.
5. Sleeping accommodation.
6. Bedding.
7. Latrine arrangements.
8. Books (Medical).
9. Food.
10. Water supply.
11. Washing arrangements.
12. Maintenance of a Register of Medical Officer's visit.
13. Is there a copy of the Sub-Jail Code in the Jail.

(Circular No. 17, dated 8th July 1894.)

111. **Duties in connection with public health work.**—The duries in connection with Public Health matters which devolve on District Medical Officers and other officers of the Medical Department are given in the Public Health Code—For duties in connection with vaccination, *see* paragraph 112 below.

(G.O. No. 52, Public Health, dated 10th January 1924.)

112. **Vaccination—Duties of Medical Officers.**—(1) Municipalities which have no Health Officers, the Medical Officers and Medical subordinates under their orders Superintendent at their own stations the work of vaccinators employed by municipal councils as part of their ordinary duties.

(2) All new admissions into a jail or into a subsidiary jail shall be examined for marks of vaccination or smallpox and the result noted, and every such prisoner shall be vaccinated on admission or as soon afterwards as possible.

(3) Under the supervision of the Medical Officer the Assistant Surgeon shall vaccinate newly admitted prisoners as required by the previous paragraph and also, if so, directed, infant admitted with their mothers or born in jail.

(4) The Medical Officer may at his discretion dispense with vaccination or re-vaccination in any case in which he may consider it undesirable or unnecessary on medical grounds.

(5) The officer in-charge of the jail on the recommendation of the local medical officer shall make arrangements in communication with District Magistrates for the vaccination of prisoners under this rule and for duly recording the results. The duty of maintaining the vaccination register in the prescribed form will devolve on the vaccinator of the municipality or of the Panchayat Union or Medical Department, as the case may be.

(6) A register shall be kept by the Medical Officer in which shall be entered every case of vaccination showing the result of the operation, when unsuccessful and when failure is not attributed to immunity arising from previous vaccination or from the patient having had smallpox the operation shall be repeated. All attempts to interfere with the operation of the vaccine virus shall be brought to the notice of the Superintendent for punishment, and the labour and diet of prisoners who are vaccinated may be regulated so as to favour the action of the virus.

(7) Prisoners under sentence of transportation shall be vaccinated before being removed from the jails in which they are confined when sentenced, whether they have been previously vaccinated or not.

(Section VI of the Public Health Code, Part II.)

113. **Attendance on Railway accidents.**—The following rules are laid for inquiring into and reporting on serious accidents on Indian Railways:—

(1) The Manager and all heads of departments shall facilitate the movements of the medical officers and others concerned in reaching promptly the scene of accident and they should assist these authorities in conducting enquiries either personally or by deputing some responsible and intelligent officer or officers as their representatives to aid in obtaining evidence and securing attendance of the Railway subordinates.

(2) The Manager or the Magistrate of the district or the District Superintendent of Police may require the District Medical Officer or any District Medical Officer to proceed to the scene of any Railway accident attended with personal injury for the purpose of rendering medical aid and of making before the investigation authorities, any professional statements that may be required and it shall be the duty of such medical officer to proceed accordingly.

(G.O. No. 286, Judicial, dated 7th February 1881.)

114-A. **Medical relief arrangements in connection with Railway accidents.**—(1) Medical Officers in-charge of nearest Medical Institutions (of any class including Rural Dispensaries) should co-operate with the Railway authorities in case of railway accident to any passenger train at or between railway stations.

(2) Particulars as to the same, designation and residential addreass or medical officers in-charge of medical institutions nearest to any railway station should be furnished to Railway Medical Officers as and when required in order to enable the Railway administration to call for prompt medical help in the event of a railway accident.

(3) The railway administration should use that Railway Medical Officers work out the details with each hopsital or dispensary nearby with a view to establish a methodical system for ensuring the prompt acceptance at any time, day or night, of all messages from Railway Station asking for medical assistance in the case of railway accidents.

(Circular P. No. 61-E2, dated 24th April 1947.)

114-B. **Medical relief arrangements in connection with air crash.**—(i) Medical Officers in-charge of nearest medical institution (of any class including rural dispensaries) should co-operate with Aerodrome authorities by deputing doctors and necessary equipment for rendering medical aid at the site of the air crash at very short notice and on top priority.

(2) The District Medical Officer/Superintendent in-charge of the Medical Institutions in the District Headquarters should furnish the list indicating the name of the Medical Officer/Doctor/ Surgeon with official and residential address, telephone numbers (both office and residence) to the Aerodrome (authorities) within their jurisdiction. A copy of the list should also be sent to Director-General of Health Services, New Delhi and Director-General of Civil Aviation, New Delhi. These lists should be kept up to-date and alive by carrying out any amendments, etc., monthly.

(G.O. Rt. No. 1896, Health, dated 7th October 1972 and
R. Dis. 43-A1 (3)/72.)

115. **Information regarding patients involved in Railway accidents.**—When cases of railway accidents are admitted into any Government, Panchayat Union or Municipal Medical Institutions the Medical Officers concerned should furnish information regarding the dates of admission and discharge of such patients, their condition at the time of admission, progress while in the hospital condition at the time of discharge, and if the patient dies in the hospital, intimation regarding death. These particulars may be furnsihed to Railway medical officers on requisition by utilising the information available in the case sheet and accident regisiter so as to enable the Railway authorities to submit a report to Government and to the Government Inspector of Railway regarding the nature of the accident and the number of passengers who have sustained serious or slight injuries as required by the Indian Railways Act, 1898. Certificates, copies or extracts from hospital records or post-mortem certificates in case of death and opinion should not be furnished to the Railway authorities.

(Circular P. No. 21-E2, dated 7th March 1949.)

116. **Responsibility of Medical Officers in-charge of Primary Health Centres.**—Medical Officers in-charge of the Primary Health Centres shall be responsible for all the activities of the centres, both curative preventive, including sanitation and public health, and they should work under the directions of the District Medical Officers in regard to curative work and of the District Health Officers in regard to all other items of work.

(G.O. No. 2370, Public Health, dated 30th June 1949.)

Section 2—District Surgeons in the City of Madras.

117. **Medical attendance on Government Officers in the City of Madras.**—For the purpose of medical attendance on officers of the Government of Tamil Nadu and the Central Government Servants, the Madras City is divided into eight districts each in-charge of a Surgeon. The Surgeon of a District should, as a rule reside in the district is in-charge of, any relaxation of this rule being sanctioned by the Director of Medical Education, Madras. The revised jurisdic tion of the eight District Surgeons shall be as shown below:—

First District—Stanley Hospital, Madras.

1 New Washermanpet.
2 Tondiarpet.
3 Grace Garden.
4 Sanjeeviroyanpet.
5 Mottai Garden.
6 Narayanappa Garden.
7 Singara Garden.
8 Royapuram.
9 Meenakshiammanpet.
10 Old Washermanpet.
11 Seven Wells.
12 Ammankoil (North).
13. Muthialpet.

Second District—Stanley Hospital, Madras.

14 Harbour.
15 Mannady.
16 Ammankoil (South).
17 Seven Wells (South).
18 Sowcarpet.
19 Kothawal Chavadi.
20 Kachaleeswarar.
21 Korukkupet.
22 Kumaraswami Nagar.
23 Dr. Vijayaraghavalu Nagar.
24 Basin Bridge.
25 Kondithope.
26 Peddunaickenpet.

Third District—Government General Hospital, Madras.

27 Perumal Koil Garden.
28 Trevelyn Basin.
29 Elephant Gate.
30 Edapalayam.
31 Perambur.
32 Vyasarpadi.
33 Pulianthope.
34 Wadia Nagar.
35 Thiru-Vi-Ka Nagar.
36 Pattalam.
37 Thattankulam.
38 Dr. Besant Nagar.

Fourth District—Government General Hospital, Madras.

39 Choolai.
40 Hospital Maidan.
41 Sembiam.
42 Siruvallur.
43 Agaram.
44 Naga Ammaiyar Nagar.
47 Otteri.
48 Kosapet.
49 Perumalpet.
62 Dr. Ambedkar Nagar.
63 Periamet.
64 Park Town.

Fifth District—Government General Hospital, Madras.

55 Sevagram.
56 Thousand Lights (West).
57 Thousand Lights (East).
58 Pudupakkam.
65 Adikesavapuram.
66 Chintadripet.
69 Komaleeswaranpet.
70 Narasingapuram.
71 Nehru Nagar.
72 Thiruvatteeswaranpet.
73 Chepauk,.
74 Marina.

Sixth District—Government General Hospital, Madras.

75 Triplicane.
76 Jam Bazaar.
81 Teynampet.
82 Vivekanandapuram.
93 Thiagaraya Nagar.
94 Satyamurthy Nagar.
95 Rajaji Nagar.
96 Kamaraj Nagar.
97 Saidapet (North).
98 Periapet.
99 Guindy.
100 Saidapet.

Seventh District—Royapettah Hospital, Madras.

59 Amir Mahal.
60 Royapettah.
77 Mirsahibpet.
78 Azad Nagar.
79 Durgapuram.
80 Krishnampet.
83 Madavaperumalpuram.
84 Karaniswarapuram.
85 Santhome.
86 Mylapore.
87 Bheemannapet.
88 Alwarpet.
89 Raja Annamalaipuram.
90 Adyar.

Eighth District—Kilpauk Medical College Hospital, Madras.

45 Ayanavaram.
46. Nammalwarpet.
50 Purasawalkam.
51 Shenoy Nagar.
52 Kilpauk.
53. Chetpet.
54. Nungambakkam.
61 Gangadeeswarakoil.
67 Egmore.
68 Pudupet.
91 Aminjikarai.
92 Vadapalani.

118. **Territorial extent of the current Municipal Divisions.**—The boundries of the Madras Corporation divisions are given below:—

Nnmber, name of the divisions and Boundaries of the division—

1. New **Washermanpet**.—North by present city limits; East by Sea, Poondi Thangammal Street* Thiruviottiyur High Road* and Kumbalamman Koil Street,; South by Thandavaraoya Gramani Street* Retta Kuly Street* Elaya Mudali Street* Vydyanatha Mudaly Street* Ennore High Road* Manali Road* and Cochrane Canal; West by Municipal limits.

2. Tondiarpet.—North by Poondi Thangammal Street; East by Sea; South by Flag Staff Street* Suryanarayana Chetty Street, Thandavaraya Gramani Street; West by Kumbalamman Koil Street* and Thiruvottiyur High Road.

3. Grace Garden.—North by Thandavaroya Gramani Street* Suryanarayana Chetty Street* and Flag Staff Street; East by Sea; South by Kalmandapam Road* West by Gollavar Agraharam Road*.

4. Sanjeeviroyanpet.—North by Thandavaroya Gramani Street; East by Gollavar Agraharam Road; South by Jandra Pillayar Koil Street, Ramanujaier Street along Solaiappan Street and Devangipuram Subbaroya Chetty Street; West by Thiruvottiyur High Road.

5. Mottai Garden.—North by Devangipuram Subbaroya Chetty Street*; East by Solaiappan Street* and Yemi Street (Telugu Chetty Street)*; South by Narayanappa Naicken Street and a line drawn from Narayanappa Naicken Street to Company Choultry Street, Across the Government Cemetry, Company Choultry Street; West by Thiruvott yur High Road.

6. Narayanappa Naick Garden.—North by Ramanujaier Street* and Jandra Pillar Koil Street*; East by Monegar Choultry Road; South by Narayanappa Naicken Street; West by Yemi Street (Telugu Chetty Street) and Solaiyappan Street.

7. Singara Garden.—North by Kalmandapam Road; East by Mannarswamy Koil Street; South by Barber Lane* along Thoppa Mudali Street* and Andiappa Mudali Street; West by Monegar Choultry Road* and Gollavar Agraharam Road.

8. Royapuram.—North by Kalmandapam Road; East by Sea; South by Ebraihmjee Sahib Street; West by Mannarswamy Koil Street*.

9. Meenakshiammanpet:—North by Andiappan Mudaly Street* along Thoppa Mudali Street and Barber Lane; East by Mannarswamy Koil Street, South by Ebrahimjee Sahib Street; West by Monegar Choultry Road*;

10. Old Washermanpet.—North by Company Choultry Street* and a line drawn from Company Choultry Street to Narayanappa Naicken Street across the Government Cemetry and Narayanappa Naicken Street*; East by Manegar Choultry Road; South by Old Jail Street; West by Thiruvottiyur High Road.

11. Seven Wells (North).—North by Old jail Street*; East by Portuguese Church Street; South by St. Xavier Street*; West by Mnit Street.

12. Ammankoil North.—North by Old Jail Street*; East by Pophams Broadway*; South by St. Xavier Street; West by Portuguese Church Street*.

13. Muthialpet.—North by Ebrahimjee Sahib Street*; East by Angappa Naicken Street; South by Krishnan Pagoda Street along Coral Merchant Street, Devarajalu Chetty Street along Ramasami Street and Geils Street; West by Pophams Broadway.

14. Harbour.—North by Ebrahimjee Sahib Street* East by Sea; South by Spring Haven Road (South)*; West by North Beach Road* N.S.C. Bose Road and Angappa Naicken Street*.

15. Mannady.—North by Geils Street* along Ramasami Street, Devarajalu Chetty Street* along Coral Merchant Street and Krishnan Pagoda Street*; East by Angappa Naicken Street; South by Mannady Street*; West by Pophams Broadway.

16. Amman Koil South.—North by St. Xavier Street*; East by Pophams Broadway*; South by Parish Venkatachala Iyer Street*; West by Varada Muthiappan Street* and Portuguese Church Street.

17. Seven Wells South.—North by St. Xavier Street; East by Portuguese Church Street and Varada Muthiappan Street; South by Tthatha Muthiappan Street; West by Mint Street.

18. Sowcarpet:—North by Thatha Muthiappan Street*; East by Varada Muthiappan Street and Godown Street; South by Netaji Subas Chandra Bose Road; West by Mint Street*.

19. Kotwal Chavadi.—North by Parish Venkatachala Iyer Street; East by Pophams Broadway*; South by Netaji Subas Chandra Bose Road; West by Godown Street* and Varada Muthiappan Street*.

20. Katchaleeswarar.—North Mannady Street; East by Angappa Naicken Street; N.S.C. Bose Road* North Beach Road, Spring Haven Road (South) and Sea; South by Cooum River; West by Cooum River, Wallajah Road, Esplanade Road, Pophams Broadway.

21. Korukkupet.—North by Manali Road along Ennore High Road, Vyadianatha Mudali Street along Elaya Mudali Street and Rettakuli Street; East by Thiruvottiyur High Road*; South by Mayor Basudev Street* Arani Gangan Street* a line drwan from Arani Gangan Street to Kanni Koil Street, Kanni Koil Street, Namasivaya Mudali Street along Mannapppa Mudali Street, Thyagappa Chetty Street* upto Buckingham Canal; West by Buckingham Canal.

22. Kumaraswami Nagar.—North by Theagappa Chetty Street along Mannappa Mudali Street* Namasivaya Mudali Street* Kanni Koil Street* line drwan from Kanni Koil Street to Arani Gangan Street, Arani Gangan Street and Mayor Basudev Street; East by Thiruvottiyur High Road*; South by Muthiah Mudali Street* and Muniappa Mudaly Street* along Dharmaraja Koil Street and Egappa Naicken Street*; West by Mathura Muthu Naicken Street alias Kannan Street*.

23. Vijayaraghavan Nagar.—North by Thyagappa Chetty Street from Buckingham Canal along Kannan Street, Egappa Naicken Street along Dharmaraja Koil Street* Muniappa Mudali Street and Muthia Mudali Street; East by Thiruvottiyur High Road*; South by Railway line leading to Perambur; West by Buckingham Canal.

24. Basin Bridge.—North by Railway line leading to Perambur; East by Thiruvottiyur High Road*; South by Basin Bridge Road; West by Buckingham Canal.

25. Kondithope.—North by Basin Bridge Road*; East by Mint Street*; South by Kuppier Street* and Telegraph Abboy Naidu Lane*; West by Buckingham Canal.

26. Peddunaickenpet.—North by Telegraph Abboy Naidu Lane and Kuppier Street; East by Mint Street; South by Mullah Sahib Lane, Thirupalli Street; West by Buckingham Canal.

27. Perumal Koil Garden.—North by Thirupalli Street* Mullah Sahib Lane*; East by Mint Street* (from Thathamuthiappan Street in Anna Pillai Street excluded); South by Anna Pillai Street; West by Buckingham Canal.

28. Trevelyn Basin.—North by Anna Pillai Street*; East by Mint Street; South by Elephnat Gate Road; West by Buckingham Canal.

29. Elephant Gate.—North by Elephant Gate Road*; East by Mint Street; South by Hanumantharaya Koil Street, Krishnappa Maistry Street, Hussain Sahib Street, Venkatasami Lane, Ponnappan Lane; West by Buckingham Canal.

30. Edapalayam.—North by Ponnappan Lane* Venkatasami Lane* Hussain Sahib Street* Krishnappa Maistry Street* Hanumantharayan Koil Street* about along Mint Street* and Netaji Subbas Chandra Bose Road*; East by Nyniappa Naicken Street; South by Rasappa Chetty Street; West by Buckingham Canal.

31. Perambur.—North by Municipal Limits and Erukancheri Road; East by Erukancheri Road: Murthinga Iyer Street; Melpatti Ponnappa Mudali Street from Murthinga Iyer Street to Stephenson Road and Stephenon Road; South by Railway line; West by Eastern boundaries of Siruvallur and Sembiam Revenue Villages.

32. Vyasarpadi : North by Municipal limits and Cocharanes Canal; East by Buckingham Canal and Otteri Nullah; South by Otteri Nullah; West by Gantz Road along Railway line Stephenson Road* (from Stephenson Road to Murthinga Iyer Street) Murthinga Iyer Street Murthinga Iyer Street* Erukancheri Road* and city limits.

33. Pulianthope : North by Otteri Nullah; East by Buckingham Canal, Basin Bride Road from the junction of Pulianthope High Road and Powder Mills Road Buckingham Canal South by Pulianthope High Road; West. by Gantz Road.

34. Wadia Nagar : North by Railway Line; East by Gantz Road* Perambur Barracks Road; South by Stranhans Road*; West by Cooks Road Govindan Street long Elugan Street, Polarammal Street.

35. Thiru-vi-Ka Nagar : North/Railway Line; Est by Polarammal Street* along Elugan Street* Govindan Street* and Cooks Road*; South by Konnur High Road*; West byEa Eastern boundaries of Ayanavaram Chinna Chembrabakkam and Siruvallur Revenue Villages.

36. Pattalam : North by Gantz Road* and Demellows Road*; East by Angalamman Koil Street*; South by Astabujam Road; West by Perambur Barracks Road.

37. Thattankulam : North by Demellows Road*; East by Demellows Road*; South by Sattanna Naicken Street* Angalamman Koil Est Mada Street* Angalamman Koil North Mada Street*; West by Angalamman Koil Street.

38. Dr. Besant Nagar : North by Pulianthope High Road* and Basin Bridge Road *(from the junction of Powder Mills Road and Pulianthope High Road to Buckingham Canal); East by Buckingham Canal; South by Elephant Gate Road* Demellows Road Gantz Road; West by Gantz Road.

39. Choolai : North by Ashtabujam Road* Angalamman Koil North Mada Street; Angalamman Koil East Mada Street; Sattanna Naicken Street; East by Sydenhams Road* South by Choolai Bazaar Road* Avadhanam Papier Road; West by Avadhanam Papier First Lane along Vijia Vigneswarar Koil Street* and Astabujam I Lane*.

40. Hospital Maidan : North by Astabujam Road*; East by Astabujam I Lane along Vijia Vigneswarar Koil Street, Avadanam Papier first Lane and Avadanam Papier Road*; South by Hunters Road*; West by Veda Vinayagar Road* (Perambur Barracks Road)*.

41. Sembiam : North by City Limits; East by Madavaram High Road, Burial Ground Road Maduraiswami Madam Street* Sabapathi Mudali Street* Ragavachari Street Paper Mills Road and Foxen Street*; South by Rangasayee Naidu Street; West by Rangasayee Naidu Street; Chidambara Mudali Street, Palavayal Road, Thanthoniamman Koil Street, Sundararaja Perumal Koil Street (South), Paper Mills Road and City limits.

42. Siruvallur : North by City limits; East by Eastern boundaries of Sembiam and Siruvallur Revenue Villages; South by Siruvallur High Road; West by Beershop Lane, Foxen Street, Paper Mills Road* Ragavachar Street* Sabapath Mudali Street, Maduraisam-Madam Street, Burial Mround Road and Madavaram High Road*.

43. Agaram ; North by Paper Mills Road* Sundararaja perumal Koil South Street* Thanthoniamman Koil Street* Palavayal Road, Chidambara Mudali Street* Rangasaye Naidu Street* Beershop Lane* and Siruvallur High Road*; East by Eastern boundary of Chinna Chembarambakkam and Siruvallur Revenue Villages from Paper MillsRoad to Constable Road; South by Constable Road* Barton Road* Konnur High Road* to City limits; West by City limits.

44. Naga Ammaiyar Nagar ; North by Constable Road; East by Eastern boundary of Chinna Chembarabakkam and Ayanavaram Revenue Villages from Constable Road to Ayanavaram Road; South by Ayanavaram Road*; West by Mettu Street Palayakara Street, Railway Canal and Hospital Road.

45. Ayanavaram ; North by Konnur High Road, Barton Road and Constable Road; East by Hospital Road*Railway Canal, Palayakara Street* Mettu Street, Ayanavaram Road, Raju Naicken Street* South by New Avadi Road; West by City limits.

46. Nammalwarpet ; North by Ayanavaram Road, Eastern boundary of Ayanavaram Revenue Village from Ayanavaram Road to Konnur High Road, Konnur High Road; East by Otteri Nullah; South by Otteri Nullah; West by Raju Naicken Street.

47. Otteri ; North by Strahans Road; East by Kannappa Mudali Street* Edward Park Street* Venkatadri Naicken Street*; South by Yemi Street, Kandappa Mudali High Road Venkatammal Samadhi Street up to Otteri Nullah; West by Otteri Nullah.

48. Kosapet : North by Strahans Road; East by Perambur Barracks Road; South by Venkatesa Pathan Street, New Street; West by Venkatadri Naicken Street, Edward Park Street, Kandppa Mudali Street.

49. Perumalpet : North by Yemi Street* New Street* Venkatesa Pathan Street*; East by Perambur Barracks Road (Veda Vinayagar Road); South by Purasawalkam High Road; West by Kandappa Mudali High Road*.

50. Purasawalkam : North by Venkatammal Samadhi Street up ro Otteri Nullah; East by Kandappa Mudali High Road; South by Purasawalkam Hign Road; West by Otteri Nullah.

51. Shenoynagar : North by New Avadi Road*; East by New Avadi Road*; South by Poonamallee High Road (Aminjikarai*) and Poonamallee High Road (Arumbakkam)*; West by City limits.

52. Kilpauk : North by Kilpauk-Ayanavaram Road, Otteri Nullah and Purasawalkam High Road*; East by Millers Road* and Flowars Road*; South by Poonamallee High Road* MeNichols Road* Railway line; West by Harrington Road and along Poonamallee High Road, New Avadi Road.

53. Chetput : North by Poonamallee High Road; East by Gengu Reddy Road; South by Spur Tank Road* and Cooum River; West by McNichols Road.

54. Nungambakkam ; North by Ponmallee High Road, Harrington Road, Railwayline; East by MeNichols Road* Nungambakkam Village Road* Nungambakkam High Road, Avenue Road*; South by Melpadi Muthu Naicken Street, North Madha Street and a line due west along Loyola College eastern southern boundary to Railway line; West by Railway line, Country Road and Cooum River.

55. Sevagram : North by Southern and Eastern boundary of Loyola College compound and a line due East connecting with North Madha Street* Melpadi Muthu Naicken Street* East by Noor Veerasami Iyer Street* Kumarappa Mudali Street, Josier Street, and V.S. Ramanatham Pillai Street; South by Kodambakkam High Road; West by Railway line.

56. Thousand Lights West ; North by Cooum River from Munro Bridge to College Bridge East by Greames Road; South by Mount Road, Nungambakkam High Road* Kodambakkam High Road*; West by Ranganathan Pillai Street* Josier Street Kumarappa Mudali Street* Noor Veeraswami Iyer Street Avenue Road, Nungambakkam High Road* and Village Road.

57. Thousand Lights East; North by Mount Road* Greames Road up to Pumping Station, Cooum River from College Bridge to Commander-in-chiet Bridge; East by Binnys Road along Mount Road, Woods Road ; South by Whites Road* New Road connecting with Conran Smith Road* Conran South Road Gopalapuram first Street*; West by St. George Cathedral Road.

58. Pudupakkm : North by General Patters Road, Bo Begum Street* Burrah Sahib Street*; East by Kuppumuthu Mudali Street; Fakir Sahib Street; South by Pycrofts Road; West by Woods Road.

59. Amir Mahal ; North by Whites Road, Pycrofts Road*; East by Jani John Khan Road* Erusappan Street* Jani John Khan Road*; South by Peters Road*; West by New Road connecting Conran Smith Road and Whites Road.

60. Royapettah : North Peters Road, East by Royapettah High Road, Sri Gaudiya Mutt Road* (Royapettah Bazaar Road)* Mowbrays Road*; South by St. George Cathedral Road; West by Gopalapuram First Street and Conran Smith Road.

61. Gangadeeswarankoil ; North by Purasawalkam High Road*; East by Ponnappa Mudali Street* Letangs Road*; Dr. Alagappa Chettiar Road and Raja Annamalai Chetty Road*; South by Poonamallee High Road*; West by Flowers Road, and Millers Road.

62. Dr. Ambedkar Nagar : North by Purasawalkam High Road* Jermiah Road, Vepery High Road; East by Perianna Maistry Street* and Veerasami Pillai Street*; South by Poonamallee High Road* West by Raja Annamalai Chetty Road, Dr. Alagappa Chettiar Road, Letangs Road and Ponnappa Mudali Street.

63. Periamet ; North by Hunters Road, Choolai High Road, Elephant Gate Bridge Road; East by Buckingham Canal; South and West by a line drawn along the North wall of Ashok Vihar across the Peoples Park to Vepery High Road*, Vepery High Road* and Jeremiah Road*.

64. Park Town ; North by Vepery High Road a line drwan along the North Wall of Ashok Vihar across the Peoples Park to Buckingham Canal along Buckingham Canal Rasappa Chetty Street* Nainiappa Naicken Street*, N.S.C. Bose Road*; East by Benfield Esplanade Road* Wallajah Road*; South by Cooum River, Laws Bridge and Poonamallee High Road*; West by Veerasami Pillai Street, Perianna Maistry Street.

65. Adikesavapuram ; North by Poonamallee High Road, Periamet Railway Level Crossing, Laws Bridge Road* Cooum River; East by Cooum River; South by Chintadripet Cooum River Road from Willngdon Bridge, Pumping Station Road* Arunachala Naicken Street* Iyah Mudaly Street* Kalava Chetty Street, Mangapathy Naicken Stieet and Chintadripet Cooum River Road; West by River side Road West *Gandhi-Irwin Bridge Road.

66. Chintadripet : North by Mangapathy Naicken Street* Kalava Chetty Street* Iyah Mudaly Street, Arunachala Naicken Street; East by Pumping Station Road, South by Pumping Station Road along North and West walls of Pumping Station to Guruvappa Chetty Street; and Guruvappa Chetty Street; West by Cooum River.

67. Egmore ; North by Poonamallee High Road; East by Riverside Road, West through Gandhi Irwin over Bridge Road*; South by Pantheon Road* West by Cooum River from College Bridge, Spur Tank Road and Gengu Reddi Road*.

68. Pudupet ; North by Pantheon Road; East by Cooum River; South by Narayana Naicken Street, Veerabadra Achari Street, Cooum River Road; West by Cooum River.

69. Komaleeswaranpet; North by Narayana Naicken Street*; Esat by Cooum River along Harris Bridge, Dams Road*; South by Mount Road*; West by Binnys Road, South Cooum Road*; Veerabadra Achari Street*.

70. Narasingapuram ; North by Guruvappa Chetty Street* along West and North Walls of sewage pumping station Pumping Station Road; East by Mount Road* (Willington Bridge to Round Tana); South by Blackers Road*; West by Cooum River.

71. Nehru Nagar ; North by Cooum River from Stanley Bridge to Wallajah Brigde, East by Cooum River from Wallajah Bridge to Sea, Sea; South by Wallajah Road, Arunachala Achari Street along Triplicane High Road, C.N. Krishnaswamy Road* along Triplicane High Road, Pachiappa Chetty Street*. Thayar Sahib Street*; West by General Patters Road, Dams Road, Blackers Road, Mount Road, Cooum River from Willingdon Bridge to Stanely Bridge.

72. Thiruvateeswaranpet ; North by Mount Road, General Patters Road*; Thayar Sahib Street, Pachaiyappa Chetty Street along Triplicane High Road and C.N. Krishnasamy Road; East by Veeraraghava Mudali Street; South by Khana Bagh Street* Pilliar Koil Street* Kuppumuthu Mudali Street* Burrah Sahib Street (Bo Begum Street) and General Patters Road*; West by Woods Road.

73. Chepauk : North by Wallajah Road*; East by Sea; South by Pycrofts Road; West by Veeraraghava Mudaly Street*; Arunachala Achari Street*.

74. Marina : North by Pycrofts Road*; East by Sea; South by Venkatarangam Pillai Street*; North Tank Square Street (Madaveethi Street), Car Street (Theradi Street) and Eswardass Lala Street.

75. Triplicane : North by Pycrofts Road*; East by Eswardass Lala Street* Car Street (Theradi Street)* North Tank Sqaure Street (Madaveethi Street)* and Venkatarangam Pilla Street; South by Dr. Besant Road*; West by Triplicane High Road, Bandi Venkatesa Naicken Street* and Veeraraghava Mudali Street.

76. Zam Bazaar : North by Pillaiar Koil Street, Khana Bagh Street; East by Veeraraghava Mudali Street; South by Bandi Venkatesa Naicken Street, Triplicane High Road*; Ramasami Maistry Street, Agathimuthan Street and South wall of R.C. Church Compound, West by Jani John Khan Road, Erusappan Street, Jani John Khan Road, Fakir Sahib Street*.

77. Mirsahibpet : North by South Wall of R.C. Church Compound, Agathimuthan Street* Ramasami Masistry Street*; East by Triplicane High Road* Barbers Bridge Road (Dr. Natesan Road); South by Muthiah Mudali Garden Street, Muthiah Mudali Garden Lane* and a line along the South wall of the Corporation School in Begum Sahib Street; West by Venkatachala Mudali Street, Jani John Khan Road.

78. Azad Nagar : North by Peters Road; East by Venkatachala Mudaly Street* along South wall of Corporation School in Begum Sahib Street, Muthiah Mudali Garden Lane, Muthiah Mudali Garden Street* Barbers Bridge Road, Barbers Bridge II Lane, Swathantra Nagar; South by Lloyds Road; West by Sri Gowdiya Mutt Road and Royapettah High Road*.

79. Durgahpuram : North by Lloyds Road* Swathantra Nagar* Barbers Bridge II Lane* Barbers Bridge Road, Lloyds Road*; East by Sea; South by Edward Elliots Road; West by Mowbrays Road.

80. Krishnampet : North by Dr. Besant Road; East by Sea; South by Lloyds Road; West by Barbers Bridge Road* (Dr. Natesan Road*).

81. Teynampet : North by St. George Cathedral Road* East by Mowbrays Road*; South by Eldams Road ; West by Mount Road*.

82. Vivekanandapuram : North by Edward Elliots Road*; East by Barbers Bridge Road and Buckingham Canal; South by Kutcheri Road, Luz Church Road; West by Mowbrays Road.

83. Madhavaperumalpuram : North by Buckingham Canal connecting Mundakanniamman Koil Street Bridge, Rokkiappa Mudali Street*; East by Prasanna Vinayagar Koil Street; Mylapore Bazaar Road; South by Kutcheri Road; West by Buckingham Canal.

84. Karaniswarapuram : North by Buckingham Canal from junction of Rokkiappa Mudali Street, Barbers Bridge Road* Edward Elliots Road*; East by Sea; South by Rosary Church Road; West by Mylapore Bazaar Road* Prasanna Vinayagar Koil Street* Rokkiappa Mudali Street to Buckingham Canal.

85. Santhome : North by Kutcheri Road* Rosary Church Road* East by Sea; South by De'Monte Street* Madha Church Street* and Manadavalli; Street, West by Mosque Street, Kesavaperumal West ward Street*; Chitrakolum West Street* Kapaliswarar Eastward Streer and Mathala Narayanan Street.

86. Mylapore : North by Kutcheri Road* East by Mathala Narayanan Street* Kapaliswarar Eastward Street*; Chitrakolum Westward Street, Kesavaperumal Westward Street, Mosque Street*; South by Mandavalli Street*; St. Marry's Road*; West by Buckingham Canal, Brodies Road*.

87. Beemannapet : North by Eldams Road, Mowbrays Road and Luz Church Road*; East by Brodies Road, Buckingham Canal; South by Dr. Rangachari Road, Beemanna Mudali Garden Street and Alwarpet Street; West by Mount Road*.

88. Alwarpet : North by Alwarpet Street* Beemanna Mudali Garden Street; Dr. Rangachari Road*; East by Buckingham Canal; South by Adyar River; West by West Boundary of "Nandanam" Colony* Chamiers Road* and Mount Road*.

89. Raja Annamalaipuram : North by St. Marry's Road, Mandavalli Street, Madha Church Street and De'monte Street; East by Sea; South by Adyar River; West by Buckingham Canal.

90. Adyar: North by River Adyar; East by Sea; South by City Limits; West by Buckingham Canal.

91. Aminjikarai : North by Poonamallee High Road (Arumbakkam) and Poonamallee High Road (Aminjikarai); East by Cooum River, Country Road* and Railway line, South by Arcot Road along drainage Channel east to Trustpuram to Vanniar Street, Vanniar Street* into junction of Sivan koil Street and a straight line due west to City Limits; West by City Limits.

92. Vadapalani : North by a straight line drawn due East from City Limits up to the junction of Sivan Koil Street and Vanniar Street and Vanniar Street along drainage channel to the east of Trustpuram to Arcot Road, Arcot Road*; East by Railway line, South by Rangarajapuram Road* and a line due west connecting with Sivan Koil Street South Sivankoil Street, South West by City limits.

93. Thyagaraya Nagar : North by Kodambakkam High Road; East by Thirumalai Pillai Road* Dr. Nair Road*; South by Sir Theagaraya Road* Bashyam Chetty Road* Nageswara Rao Road* Doraisami Road*; West by Railway line.

94. Satyamurthi Nagar : North by Kodambakkam High Road; East by Nungambakkam High Road and Mount Road;, South by Mount Road; West by Venkatanarayana Road* Bashyam Chetty Road, Sir Theagaraya Road, Dr. Nair Road, Thirumalai Pillai Road.

95. Rajaji Nagar : North by Doraisami Road, Nageswara Rao Road; East by Venkatanarayana Road; South by Channel and South boundary of Harichandra Tem ple to Railway Level Crossing; West by Railway line.

96. Kamaraj Nagar : North by Sivan Koil Street and South and a line due East connecting-with Rangarajapuram Road, Rangarajapuram Road*; East by Railway Line; South by Perumal Koil Road* Kodambakkam Road West, Kodambakkam Road and a line due west to City limits West by City limits.

97. Saidapet North : North by line due East from city limits to Kodambakkam Road Kodambakkam Road, Kodambakkam Road West* and Perumal Koil Road; East by Railway line; South by Jones Road* and Jones Road West*; West by City limits.

98. Periapet : North by a line due east from Railway Level Crossing to Channel, Channel East and South by Venkatanarayana Road, Mount Road (Saidapet) and Adyar River; West by Railway line.

99. Guindy : North by Adyar River, Mount Road (Saidapet) *; Chamiers Road, a line along the west boundary of " Nandanam " Colony to Adyar River, Adayar River ; East by Buck kingham Canal ; South by City limits ; West by Railway line.

100. Saidapet South: North by Adyar River, Jones Road West, and Jones Road ; East by Railway Line ; South by City limits ; West by City limits.

*Houses on both sides of the Street are included in the division.

119. **Duties of District Surgeons.**—The District Surgeons in the City of Madras are the official medical attendants of the Government officers living within the limits of their respective Districts. As such they should afford medical aid to officers on leave on medical grounds and to all civil and military servants of Government living within their respective ranges. Any medical officer is however liable to be called upon to afford medical aid irrespective of the District boundary in an emergency. The District Surgeons in the City of Madras perform also the following additional duties ;—

(1) Examination of Government Officers preparatory to their appearing before the Medical Board, when necessary.

(2) Duties in connection with Medical Boards.

(3) Attendance at the Mental Hospital in the Madras City in their capacity as Visitors to the Hospital.

(4) Examination of students of the Lawrence School, Lovedale, the Nilgiris District, when on vacation at Madras.

(G.O. No. 896, Education ,dated 18th November 1911.)

120. **District Surgeon in the City of Madras for Women—Appointment of duties.**—The Superintendent of the Kasturba Gandhi Hospital for Women and Children, Madras, is ex-officio District Surgeon for the City of Madras for purposes of medical examination of women Government servants employed in the City of Madras. The duties attached to the latter post will be performed by the following officers :—

Designation of the Officer. (1)	*Nature of duties.* (2)
1. Superintendent, Kasturba Gandhi Hospital for Women and Children, Madras.	(1) Formation of Boards for medical examination of gazetted women officers—*See* paragraph 559. (2) Medical Attendance on women gazetted officers in the City of Madras.
2. Surgeon attached to the Kasturba Gandhi Hospital for Women and Children, Madras.	(1) Grant of medical certificates to non-gazetted officers in the City of Madras when sent by their official Superiors. (2) Medical attendance on non-gazetted officers in the Madras City.
3. Physician attached to the Kasturba Gandhi Hospital for Women and Children, Madras.	Grant of medical certificates to the Corporation Women Servants when sent by their official superiors.

(G.O. No. 1949, Public Health, dated 27th May 1939.)

NOTE.—(Medical examination of women Government Servants for the purpose of grant of certificate recommending leave, fitness for further services, etc., in the City State Hospitals.)

If the requisitions for the Medical examination of women Government servants are received, when the latter are undergoing treatment as in-patients in the Hospitals or have been discharged from the Hospital, before the receipt of requisitions, the Civil Surgeons in charge of the case in the Hospital will issue the necessary certificate.

(Director of Health Services and Family Planning P. No. 189/M.E./62, dated 6th November 1962.)

121. **Allocation of Duties among District Surgeons.**—The Surgeons, First and Fourth Districts perform the following additional duties :—

(i) Examination of candidates for employment in public service (Certificates of physical fitness).

(ii) Examination of Government Servants for leave on medical grounds (sick certificates) and fitness to return to duty on the expiry of their leave. (Certificates of fitness to return to duty).

(iii) Examination of Government servants as their unfitness for further service (invaliding certificate).

(iv) Examination of Government pensioners for Commutation of pension (Certificate of expectation of life).

(v) Examination of Government servants desirous of insuring their lives in Postal Life Insurance Fund.

(vi) Examination of children and adolescents proposed to be entertained as factory employees with a view to certify as to their health and age.

(vii) Examination of adults employed in any operation involving the use of lead compounds.

(viii) Medical examination of technical personnel called for employment in the National Service and of candidates selected for training under the Technical Training Scheme.

(G.O. No. 4591, Public Health, dated 25th October 1941.)

(2) The duties mentioned against items 1 to 5 above in respect of the Second and Third Districts are performed by the Surgeon, Fourth District.

(3) The duties mentioned against items 6, 7 and 8 in respect of the Second District are performed by the Surgeon, First District and of the Third District by the Surgeon, Fourth District Madras.

(G.O. Ms. No. 962 Public Health,Mated 4th day 1392.)

Section 3—Port Surgeons.

122. **Ports and port Health Officers.**—The administration of the major sea port in the State of Tamil Nadu, viz., Madras is under the control of the Government of India who have appointed their own Port Health Officer. The Port Health Administration of minor ports in the State is however under the control of the Additional Director of Health Services and Family Planning, Madras.

A list of minor ports with the Port Health Officers in-charge of each port is given below:—

Port.	*Designation of officer.*
(1)	(2)
	South Arcot.
Cuddalore	The Municipal Health Officer, Cuddalore.
	Thanjavur.
Nagapattinam	The Municipal Health Officer, Nagapattinam.
	Ramanathapuram.
Rameswaram	Government Medical Officer, Mandapam Camp.
Kilakarai	Medical Officer, Government Hospital, Kilakarai.
Tondi	Medical Officer, Government Hospital, Tondi.
Pamban	Government Medical Officer, Mandapam Camp.

NOTE.—(1) The first Assistant to the Professor of Hygiene, Medical College, Madras, is the additional Port Health Officer for the Madras Port to perform the duties of the Port Health Officer during the latter's absence due to sudden illness or any other emergency in accordance with the terms of the convention agread to in the Government of India, Finance Department, letter No. F. 8 (16) Ex. II/39, dated 31st January 1942.)

(Government Endorsement No. 5036/45-2, E. & P.H., dated 13th December 1945.)

(2) The Assistant Surgeons in-charge of the Panchayat Union Dispensary, Mandapam, is permitted to attend emergent calls in the Naval Camp at Mandapam and to accept a remuneration of Rs. 5 per visit from the Naval authorities.

(G.O. No. 1597, Public Health, dated 24th May 1946.)

123. **Airport Health Organisation at Tiruchirappalli.**—The remuneration payable to the Officer who looks after the Air Port Health work in the absence of the Air Port Health Officer, Tiruchirappalli is fixed at Rs. 10 per Air Craft attended to at the Tiruchirappalli Air Port subject to a maximum of Rs. 100 in a month including the fee that may be paid to the substitute in his absence plus mileage allowance to and from the Tiruchirappalli Air Port as admissible under the Rules of Government of Tamil Nadu *vide* Ref. No. F-25-5/63-HF, dated 27th July 1964 of the Government of India, Ministry of Health, New Delhi.

124. **Leprosy in vessels.**—The master of every vessel arriving at any port in the State of Tamil Nadu from any Port outside the State shall report every case of leprosy among the passengers or crew of such vessel to the Health Officers of the first port of call after the discovery of such case.

(G.O. Ms. No. 388, Finance (Marine), dated 22nd June 1925.)

125. **Bills of health to vessels during an epidemic.**—During an epidemic the Health Officer should make it a rule to inspect all vessels before departure ; but when the port is healthy, it is left to the master of the ship to apply for a bill of health. Whenever such application is made the Health Officer is bound to inspect the ship and give a bill without payment of fee. The powers of the Health Officer with regard to the examination of ships are given in section 6 (i) (2) of the Indian Ports Act (Act XV of 1980). It is not necessary to state in precise terms on the bill of health that such inspection has taken place. Bills of health shall be signed by the Health Officer of the port or by the Port Officer where there is no Health Officer.

(G.O. No. 1939, Public, dated 17th August 1885 and

(G.O. No. 854, Public, dated 22nd June 1887.)

126. **Vessels furnished with bills of health.**—All vessels leaving India Ports in good sanitary conditions shall be furnished with a bill of health in the following form:—

BILL OF HEALTH.

I.P. ACT—FORMS 13.

(Regulation 44/3 of the Regulations under the Indian Ports Act, 1908.)

Certified that the ship/steamer sailing under the flag, unedr

the command of of tons

bound for with a crew (including Officers and able-bodied seamen)

of persons, and passengers, laden with

a cargo of has today the of at the time

of leaving the port of been medically examined and disinfected

as required under the regulations under section 6 (i) (*p*) of the Indian Ports Act, 1908, and is in a satisfactory sanitary condition, and that no case of the following diseases exists among its passengers and crew ;—

1. Smallpox.
2. Chickenpox.
3. Measles.
4. Plague.
5. Cholera.
6. Yellow fever.
7. Sleeping sickness.
8. Typhus.
9. Scarlet fever.
10. Jigger.

Certified also that the town and port of is at present declared to be free from/infected with

During the first week ending previous to the

departure of the ship/steamer from this port there occurred in the town and port of

Cholera	Death.
Plague	Deaths.
Smallpox	Deaths.
Yellow fever	Deaths.

Dated

The Health Officer, Port of

(G.O. Ms. No. 574, Public, dated 16th July 1907 and No. 470, Public, dated 13th September 1910.)

127. **Hiring of boat for inspection.**—A Port Health Officer having to inspect a vessel for port health purposes may hire a boat and crew and debit the charges to Central Revenues under the head "282 (Union) Public Health Sanitation and Water Supply—C. Expenses in connection with epidemic diseases—Minor ports —Tamil Nadu" with the approval of the Additional Director of Health Services and Family Planning, Madras.

(Circular No. 25, 31st October 1884 and G.O. No. 625, Public, dated 1ath June 1888.)

128. **Personal inspection when necessary.**—Bills of health should only be given after personal inspection of vessels, crews and passengers, in the case of these leaving India for Ports out of India. Inspection should take place two hours prior to departure. For coasting vessels, simple endorsement should be made on the last bills of Health in ordinary cases. In the event of sickness on board, inspection of the vessels is necessary.

(G.O. No. 1848, Public, dated 20th August 1884.)

129. **Certificates when withheld.**—If cases of cholera occur among the passengers or crew of an emigrant or other ship before the inspection of the vessels by the Health Officer, the clean bill of health should be withheld until such time as the medical officer may consider it safe for her to go. He should point out to the Port Officer, the danger of permitting a vessel to leave with cases of cholera or infectious diseases on board.

(Circular No. 41, dated 22nd June 1880.)

130. **Bills of health to vessels bound for Mauritius.**—Bill of health issued to vessels leaving for Mauritius should contain information as to the existence or non-existence at the port of departure of the diseases quarantinable under the laws of that country, viz., plague, cholera, choleric diarrhoeas, small-pox, yellow fever and typhus.

(G.O. No. 426, Public, dated 6th May 1902.)

131. *Deleted.*

132. **Examination of applicants for post of pilot.**—Each applicant for the post of licensed pilot at Pamban and Kelakarai shall be required by the Port Officer, prior to being exmined, to appear before the Health Officer, at the Port of Pamban for the purpose of having eye-sight and ability to distinguish colours correctly tested and no application will be considered until the applicant submits a certificate of physical fitness from the Health Officer showing that he is not suffering from defective vision, is able to distinguish colours correctly and is not under twenty-one or over thirty years of age.

[G.O. No. 155, Finance (Marine), dated 27th March 1924.]

133. The medical examination of pilots and applicants for pilot's licences is part of the duty of medical officers appointed to Ports and no fee should be charged for the same.

(G.O. No. 121, Marine, dated 1st April 1891.)

134. **Rules under the Indian Ports Act.**—The rules framed under the Indian Ports Act for the prevention of the spread of infectious or contagious diseases by means of ships arriving at or departing from the Ports in the State of Tamil Nadu are given in Appendix VI.

[G.O. No. 363, Finance (Marine), dated 5th September 1932.]

Section 4—Certifying Surgeons and their duties under the Factories Act.

135. **Certifying Surgeons.**—(1) The Government may appoint qualified medical practitioners to be Certifying Surgeons for the purposes of this Act within such local limits or for such factory or class or description of factories as it may assign to them respectively.

(2) A certifying Surgeon may, with the approval of the Government, authorise any qualified medical practitioner to exercise any of his powers under the said Act for such period as the Certifying Surgeon may specify and subject to such conditions as the Government may think fit to impose, and references in the said Act to a Certifying Surgeon shall be deemed to include references to any qualified Medical Practitioner when so authorized.

(3) No person shall be appointed to be, or authorised to exercise the powers of, a certifying surgeon or having been so appointed or authorised, continue to exercise such powers, who is or becomes the occupier of a factory or is or becomes directly or indirectly interested therein or in any process or business carried on therein or in any patent or machinery connected there with or is otherwise in the employ of the factory.

(4) The Certifying Surgeon shall carry out such duties as may be prescribed in connection with—

(*a*) the examination and certification of young persons under this Act ;

(*b*) the examination of persons engaged in factories in such dangerous occupations or processes as may be prescribed ;

(*c*) the exercising of such medical supervision as may be prescribed for any factory or class or description of factories where—

(i) cases of illness have occurred which it is reasonable to believe are due to the nature of manufacturing process carried on or other conditions of work prevailing, therein ;

(ii) by reason of any change in the manufacturing process carried on or in the substance used therein or by reason of the adoption of any new manufacturing process or of any new substance for use in a manufacturing process, there is a likelihood of injury to the health of workers employed in that manufacturing process ;

(iii) young persons are, or about to be, employed in any work which is likely to cause injury to their health.

Explanation.—In this section, "qualified medical practitioner" means a person holding a qualification granted by an authority specified in the Schedule to the Indian Medical Degiees Act, 1916 (VII of 1916), or in the Schedule to the Indian Medical Council Act, 1933 (XXVII of 1933).

(Section 10 of the factories Act, 1948)

136. **Duties of Certifying Surgeons.**—(1) For the purpose of the examination and certification of young persons who wish to obtain certificates of fitness, the Certifying Surgeon shall arrange a suitable time and place for the attendance of such person and shall give previous notice in writing of such arrangements to the managers of factories situated within the local limits assigned to him.

(2) The Certifying Surgeon shall issue his certificates in Form No. 5. The foil and the counterfoil shall be filled in and the left thumb-mark of the person in whose name the certificate ts granted shall be taken on them. On being satisfied as to the correctness of the entries made therein and of the fitness of the person examined he shall signed the foil and initial the counterfoil and shall deliver the foil to the person in whose name the certificate is granted. The foil so be delivered shall be the certificate of fitness granted under section 69. All counterfoils shall kept by the Certifying Surgeon for a period of at least two years after the issue of the certificate.

(3) The Certifying Surgeon, shall, upon request by the Chief Inspector, carry out such examination and furnish him with such report as he may indicate for any factory or class for description of factories where—

(*a*) cases of illness have occurred which it is reasonable to believe are due to the nature of the manufacturing process carried on or other conditions of work prevalling therein, or

(*b*) by reason of any change in the manufacturing process carried on, or in the substances used therein, or by reason of the adoption of any new manufacturing process or of any new sub-substance for use in the manufacturing process, there is a likelihood of injury to the health of workers employed in that manufacturing process, or

(*c*) young persons are or about to be, employed in any work which is likely to cause injury to their health.

(4) For the purpose of examination of persons employed in processes covered by the rules ralating to dangerous operations, the Certifying Surgeon shall visit the factories within the local limits assigned to him at such intervals as are prescribed by the rules relating to such dangerous operations.

(5) As such visits the certifying surgeon shall examine the persons employed in such processess and shall record the results of his examination in a register known as the Health Register (Form 17) which shall be kept by the Factory Manager and produced to the Certifying Surgeon at each visit.

(6) If the Certifying Surgeon finds as a result of his examination that any person employed in such process is no longer fit for medical reasons to work in that process, he shall suspend such person from working in that process for such time as he may think fit and no person after suspension shall be employed in that process without the written sanction of the Certifying Surgeon in the Health Register.

(7) The manager of a factory shall afford to the Certifying Surgeon facilities to inspect any process in which any person is employed or is likely to be employed.

(8) The manager of a factory shall provide for the purpose of any medical examination which the Certifying Surgeon wishes to conduct at the factory (for his exclusive use on the occasion of an examination) a room which shall be properly cleaned and adequately ventilated and lighted and furnished with a screen, a table (with writing materilas) and chairs.

(Rule 14 of the Tamil Nadu, Factories, Rule, 1950)

137. **Certificates of fitness.**—(1) A Certifying Surgeon shall on the application of any young person or his parent or guardian accompanied by a document signed by the manager of a factory that such person will be employed therein if certified to be fit for work in a factory or on the application of the manager of the factory in which any young person wishes to work examine such person and ascertain his fitness for work in a factory.

(2) The Cert fy ng Surgeon after examination may grant to such young person in the prescribed form or may renew—

(*a*) a certificate of fitness to work in a factory as a child if he is satisfied that the young person has completed his fourteenth year that he has atta ned the prescribed physical standards and that he is fit for such work :

(*b*) a certificate of fitness to work in a factory as an adult if he is satisfied that young person has completed his fifteenth year and he is fit for full days work in a factory.

Provided that unless the Certifying Surgeon has personal knowledge of the place where the young person proposes to work and of the manufacturing process in which he will be employed he shall not grant or renew a certificate under this sub-section until he has examined such place.

(3) A certificate of fitness granted or renewed under sub-paragraph (2)—

(*a*) shall be valid only for a period of twelve months from the date thereof ; and

(*b*) may be made subject to the condition in regard to the nature of work in which he young person may be employed or requiring re-examination of the young person before the expiry of the period of twelve months.

(4) A Cert fying Surgeon shall revoke any certificate granted or renewed under sub-section(2) if in his opinion the holder of it is no longer fit to work in the capacity stated therein in a factory.

(5) Where a Certifying Surgeon refuses to grant or renew a certificate or a certificate of the kind requested or revokes a certificate he shall f so requested by any person who could have applied for the certificate or the renewal thereof state his reasons in writing for so doing.

(6) Where a certificate under this section with reference to any young person is granted or renewed subject to such conditions as are referred to in clause ' b ' of sub-sectior ' c '. ihe young person shall not be required or a lowed to work in any factory except in accordance with those conditions.

(7) Any fee payable for a certificate under this section shall be paid by the occupier and shall not be recoverable from the younger person his parents or guardian.

(Section 69 of the Factories Act, 1948).

138. **Effect of certificate of Fitness granted to adolescent.** (1) An adolescent who has been granted a certificate of fitness to work in a factory as an adult under clause (b) of sub-section 2 of section 69 and who while at work in a factory carries a token giving reference to the certificate shall be deemed to be an adult for all the purposes of Chapter VI and VIII :

Provided that no such adolescent who has not attained the age of seventeen years shall be employed or permitted to work in any factory during night.

Explanation.—For the purpose of this sub-section " night " shall mean a period of at least twelve consecutive hours which shall include an interval of at least seven consecutive hours falling between 10 p.m. and 7 a.m.

(2) An adolescent who has not been granted a certificate of fitness to work in a factory as an audlt under the aforesaid clause (b) shall notwithstanding his age be deemed to be a child for all the purposes of the said Act.

(Section 70 of the Factories Act, 1948).

139. **Power to require medical examination.**—Where an Inspector is of opinion—

(*a*) that any person working in a factory without a certificate of fitness is a young person

or

(*b*) that a young person working in a factory with a certificate of fitness is no longer fit to work in the capacity stated therein ;

he may serve on the manager of the factory a notice requiring that such person or young person as the case may be shall be examined by a Certifying Surgeon and such person or young person shall not if the Inspector so directs be employed or permitted to work in any factory until he has been so examined and has been granted a certificate of fitness or a fresh cert ficate of fitness. as the case may be under section 69 or has been certified by the Certifying Surgeon examining him not to be a young person.

(Section 75 of the factories Act, 1948)

140. **Power to make rules.**—The State Government may make rules.—N.L.(a) prescribing the forms of certificates of fitness to be granted under section 69 providing for the grant of duplicates in the event of loss of the original certificates and fixing the fees which may be charged for such certificates and renewals thereof and such duplicates ;

(*b*) prescribing the physical standards to be attained by children and adolescent working in factories ;

(*c*) regulating the procedure of Certifying Suregons—(under this chapter).

(*d*) specifying other duties which certifying surgeons may be required to perform in connection with employment of young persons in factories and fixing the fees which may be charged for such duties and the persons by whom they shall be payable.

(Section 76 of the factories Act 1948).

141. The rules framed by the State Government under each of the above clauses and the list of medical officers appointed as Certifying Surgeons for the purposes of the Factories Act are incorporated in the Tamil Nadu Factories Manual.

Section 5—Medical Inspection of Emigrants.

PART A—DUTIES UNDER INDIAN EMIGRATION ACT; 1922.

142. **Duties of Medical Inspector of Emigrants.**—The duties of a Medical Inspector of Emigrants are defined in various sections of the Indian Emigration Act (Act VII of 1922) and the Indian Emigration Rules, 1923. The more important are as follows:—

(1) The Central Government may appoint one or more Medical Inspectors of Emigrants at any port from which emigration is lawful or at any other place and where more than ones are appointed may apportion their respective duties. Every Medical Inspector of Emigrants shall be a public servant within the meaning of the Indian Penal Code.

(2) A place of accommodation at the port of embarkation established under rule 31 of the Indian Emigration Rules, 1923, shall not be used for the receiption and lodging of emigrants until it has been inspected and approved by the Protector, and on sanitary grounds by the Medical Inspector, and until a licence for its use has been granted by the Protector in the prescribed form.

(3) The Protector and the Medical Inspector shall at least once in every week during which any emigrants may be kept in any such place, inspect the emigrants and examine the state of such place, and the manner of in which the emigrants therein are lodged, fed, clothed and otherwise provided for and attend to.

The Protector and the Medical Inspector shall, in their inspection and supervision of such places, comply with the directions framed for their guidance by the Central Government.

(4) A Resident Medical Officer approved by the Medical Inspector shall, unless the Central Government otherwise direct, be appointed by the Emigration Commissioner for every place of accommodation established at the port and his name shall be registered in the Protector's office. He shall keep a hospital register in the prescribed form and shall produce it for inspection when the p ace is visited by the Protector or the Medical Inspector. The Emigration Commissioner may appoint additional medical officers approved by the Protector.

(5) A visitor's book shall be kept in every such place in which the Protector and the Medical Inspector shall enter the dates of their visits and may make any such suggestions or remarks as they think fit.

(6) A weekly hospital report in the prescribed form shall be furnished by the Emigration Commissioner to the Medical Inspector.

(7) In the event of cholera, smallpox or other communicable diseases appearing in a place of accommodation, every emigrant attacked by the disease shall be sent to an outside hospital for treatment ; and the relatives of the affected person, if any, not accompanying the patient to such hospital and all contacts shall at the same time be placed in segregation shed situated in an isolated part to the premises, and shall not be permitted to move or be removed thence without the written permission of the Resident Medical Officer appointed under sub-paragraph (4).

Relatives accompanying an affected person to an outside hospital shall be provided either with food or with subsistance allowance.

(8) Any death from whatever cause shall be reported to the Medical Inspector before noon on the following day.

(9) Before any emigrants leave the place of accommodation, the existence in the nominal roll of emigrants of any entry relating to each such emigrant and the corrections thereof shall be verified, and they shall be examined as to their fitness to undertake the voyage by the Medical Inspector who shall make over the nominal roll with the report of his inspection to the Protector.

The Protector shall examine the emigrants and may refuse permission to an emigrant to embark on the ground that the Medical Inspector reports that such emigrant is unfit to undertake the journey to the country to which he or the person on whom he is dependent, as the case may be, has agreed to emigrate.

(10) No emigrant shall, be allowed to embark until the prescribed period of detention has elapsed from the dates of his arrival at the place of accommodation.

(11) An emigrant, to whom permission to embark is refused on medical grounds, shall, if his unfitness to undertake the journey is of temporary nature and if the Medical Inspector so recommends, be detained in the place of accommodation until he is reported by the Medical Inspector to be fit to undertake the journey and shall then be permitted by the Protector to embark.

(12) An emigrant to whom permission to embark is refused by the reason of his permanent unfitness to undertake the journey shall with his dependent, if any, be returned to his home through the Protector's office, at the expense of the emigration Commissioner.

(13) An emigrant who is to be returned to his home in accordance with sub-paragraph (9) shall be examined, by the Medical Inspector on the day fixed for his departure and unless certified by him to be fit to bear the journey shall not be permitted to depart.

(14) An emigrant to whom permission to depart has been refused in accordance with sub-para.

(14A) Shall be detained under treatment in the place of accommodation until such time as the Medical Inspector certifies that he is fit to bear the journey to his home.

(15) The Emigration Commissioner shall prepare in the prescribed form a list af assisted return emigrants who have returned in a sick or helpless condition and after the Medical Inspeetor has endorsed his remarks thereon, shall forward it to the Protector.

(16) Returned emigrants who have returned in a sick or helpless condition shall be entitled, if they so desire. to be treated in hospitals at the place of accomodation or elsewhere. A return emigrant who is so admitted into hospital shall not be discharged from hospital until such time as the Medical Inspector certifies that he is fit to undertake journey to his home, and; on cischarge from hospital; shall be dealt with in accordance with the provisions herein after contained.

(17) Assisted return emigrants shall, if they so desire and if the terms on which they emigrated so entitle them be returned to their homes at the expense of the country to which they emigrated. Such assisted return emigrants as are considered by the Medical Inspector to be physically or mentally helpless, shall be so returned by the Emigration Commissioner under proper escort.

143. Medical Examination of emigrants.—It is not part of the duty of medical officers in Madras to examine, report on or grant certificates of fitness to the emigrants, professional Examination of these persons being vested in the Medical Inspector of Emigrants alone.

(G.O. No. 1, Public, dated 17th July 1978.)

144. Medical Inspectors of Emigrants under the Act.—The Medical Inspectors of emigrants under the Indian Emigration Act (Act No. VII of 1922) :—

Port of Madras	The Port Health Officer, Madras.
Port of Nagapattinam..	Municipal Health Officer, Nagapattinam.
Port of Tuticorin	The Port Health Officer, Tuticorin.

(G.O. No. 684, Public Works, dated 19th March 1941).

145. Report of the working of the Act.—Every Medical Inspector shall forward to the Protector of Emigrants concerned by the second week of January every year a report on the working of the Indian Emigiation Act for the previous calender year as for as his duties are concerned.

146. Rules under the Act.—The Indian Emigration Rules, 1923, issued with Government Notification No. 208, dated 20th March 1923, are published on pages 311 to 326 of Part I of the Fort St. George Gazette, dated 20th March 1923.

147. *Deleted.*

148. *Deleted.*

Section 6—Duties under Workmen's Compensation Act.

149. Medical Examination and grant of medical certificate under the Act.—(1) A medical certificate to an injured person tieated in a hospital can be given to him on application. The employer can be given such a certificate only with the written consent of the injured person which should be produced by the employer. The medical officer is entited to chaige a fee of Rs. 5 in either case. According to section 11 (1) of the Workmen's Compensation Act (Act VIII of 1932) and rule 16 of the Workmen's Compensation Rules, the employer can only insist on the injured man submitting to medical examination, if he offers free examination within three days of receiving notice of accident and a workman who is in receipt of half-mothly payment under the Act, shall, if so required by the employer, submit himself for such examination, not more than twice in the first month following the accident or more than once in any subsequent month.

NOTES.—(1) The written consent of the injured person should invariably be obtained in all cases before issuing the certificates.

(2) No fee should be charged for issuing a certificate under the Workmen's Compensation Act in respect of an injured workmen belonging to a Government Department and treated in a hospital when the requisition for such a certificate is received from his Departmental Offier.

(Surgeon-General's P. No. 90, G.A.T.P., dated 24th October 1942,
Surgeon-General's P. No. 123, G.A.T.P. dated 12th November 1942,
Surgeon-Generals' P. No. 142, G.A.T.P., dated 12th December 1942 and
G.O. No. 983, Health, dated 25th March 1952.)

NOTE (3)—The provision of Note 2 above shall not apply to case where workmen in faetories ihemselves apply to Medical Officers for Certificates for issuing certificates for claiming compensation for injuries, etc In such cases the Medical Offices concerned will be entitled to charge the usual fee of Rs. 5 prescribed under the Rules for gianting each certificate under the workmen's Compensation Act.

(G.O. No. 740, Health, dated 23rd February 1951.)

Note (4)—In respect of workmen admitted as in-patients in Government Medical Institutions the medical officers concerned will, ou requisition, furnished the Chief Inspector of Factories with the description of injuries sustained by them free of cost. The Chief Inspector of Factories shall treat the discription of injuries furnished to him as strictly confidential and shall not communicate such information to Managers of factories unless they are owned by Government.

(Surgeon-General's Circular P.No. 126-M, dated 8th August 1932.)

(2) According to rule 18 of the Workmen's Compensartion Rules, no woman shall without her consent be medically examined by a male practitioner, save in the piesence of another woman and no woman shall be required to be medically examined by a male practitoiner, if she deposits a sum sufficient to cover the expenses of examination by a female practitioner.

(3) Practitioner of Indian systems of medicine are not regarded as qualified medical practitioneis for the purposes of Wormkens' Compensation Act.

(G.O. No. 939, Public works, dated 2nd April 1946).

(4) Under section 11(2) of the Act, the Commissioner of Workmen's Compensation, Madras can, at any time, order a workmen, who has given notice of accident and claims compensation to appear for examination by any qualified practitioner. Under section 20(3) of the Act, the Commissioner for the purpose of deciding any matter referred to him for decision under the Act, is empowered to choose any person having special knowledge of the subject relevant to the matter under enquiry to assist him in holding the enquiry. Under section 23 of the Act, he is also vested with all powers of a Civil Court to enforce the attendeance of witness and compel the production of documents and material objects.

(Workmen's Compensation Act and Surgeon-General's circular P.No. 192-C/26, dated 1st December 1926)

Section 7-Duties under Petroleum Act.

150. *Deleted.*

ANNEXURE-I

[*Paragraph* 135(2).]

FORM NO. 5.

(Prescribed under rule 14 of the Tamil Nadu Factories Rules, 1950.)

Certificate of fitness.

1. Serial No.	Serial No.
Date:	Date:
2. Name	I hereby certify that I have personally examined (name).
3. Father's name	
4. Sex	
5. Residence	son/ daughter of
6. Date of birth, if available and /or certified age.	residing at
7. Physical fitness.	
8. Descriptive marks	Who is desirous of being employed in a factory and that his/her age, as nearly as can be ascertained from my examinations, is years, and that he/she is fit for employment in factory as an adult/child.

9. Reason for—

(1) refusal of certificates.

or

(2) Certificate being revoked his/her descriptive marks are—

Thump-	Thumb-
Impression	Impression
Initials of Certifying Surgeon.	Certifying Surgeon.

NOTE.—Exact details of cause of physical disability should be clearly stated.

FORM NO. 17.

[Paragraph 136 (5).]

(Prescribed under rule 14 of Tamil Nadu Factories Rules, 1950.)

Health Register.

(In respect of persons employed in occupations declared to be dangerous operations under section 87.)

Name of Certifying Surgeons :		From	To
	(a) Mr.	From	To
	(b) Mr.	From	To
	(c) Mr.	From	To

Serial No.	Works No.	Name of Workers.	Sex.	Age (Last birth day.)	Date of employment on present work.	Date of leaving or transfer to other work.	Reason for leaving transfer or discharge.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Nature of job or occupation.	Raw material or by product handled.	Dates of Medical Examination by Certifying Surgeon. / Result of Medical Examinations.	If suspended from work state period of suspension with detailed reasons.
(9)	(10)	(11)	(12)

Recertified fit to resume duty on (with signature of Certifying Surgeon.)	If certificate of unfitness or suspension issued to worker.	Signature with date of Certifying Surgeon.
(13)	(14)	(15)

NOTE.—(i) Column (8) detailed summary of reasons for transfer of discharge should be stated.
(ii) Column (11) should be expressed as fit/unfit/suspended.

CHAPTER VII.

FORENSIC SCIENCE AND CHEMICAL LABORATORY DEPARTMENT.

Section I—Chemical Examiner—Qualification, Duties, etc.—Deleted.

151. Deleted.

152. Deleted.

153. Deleted.

154. Deleted.

155. Deleted.

156. Deleted.

157. Deleted.

158. Deleted.

Section 2—Transmission of suspected substances to the Director, Tamil Nadu Forensic Science and Chemical Laboratory, Madras

159. Object in sending suspected matters for analysis.—In the transmission of suspected matters to the Director, Tamil Nadu Forensic Science and Chemical Laboratory, for analysis, three objects are to be mainly kept in view viz., the proof of identity, the impossbility of any, interference during transit and preservation of the articles from decomposition. Accordingly, the rules contained in Appendix XXIX have been laid down by Government and strict adherence to them is required. The Director will bring to the notice of the Governmnet every case in which these rules are neglected.

CHAPTER VIII.

KING INSTITUTE, GUINDY.

Section 1—General.

160. Control.—The King Institute, Guindy is under the direct control of the Director of Medical Education, Madras.

161. Director, King Institute, Guindy.—The post of Director, King Institute, Guindy is included in category 4 in Class I of the Tamil Nadu Medical Services of Branch I Medical and appointment to the post is made by promotions from among the Assistant Directors, King Institute, Guindy. or from the Professors of Bacteriology in the Medical Colleges of the State, The Director is assisted in his duties by seven Assistant Directors, one Deputy Assistant Director and a number of Assistant Surgeon bcrne on the cadre of the Tamil NaduMedical Services besides the requisite technical and non-technical staff. Their recruitment and conditions of service are governed by the rules in the Tamil Nadu Services Manual.

(G.O. Ms. No. 3545, Health, dated 13th October 1950 and
G.O. Ms. No. 660, Health, dated 24th February 1951.)

162. Research work in collaboration with the Indian Council of Medical Research.—(1) The Director, King Institute, Guindy is permitted to undertake reasearch work in collaboration with the Indian Council of Medical Research provided (i) that necessary provision is made in the appropriate place in the budget estimate of the King Institute, Guindy for any expenditure which will have to be met from State Funds, in the case of those researches, and (ii) that wherever substantial extra expenditure is anticipated on a new scheme, timely intimation is given to the State Government to take appropriate action either at the time of preparation of the budget or by moving a supplementary demand during the year.

(G.O. No. 5122, Public Health, dated 31st October 1940.)

(2) **Tamil Nadu State Research Committee.**—

The Director, King Institute, Guindy, is also the Ex-Officio Secretary for the Tamil Nadu State Resrarche Committee constituted by the Government in 1944 and recently reconstituted in 1971. The executive Committee which has been vested with the power of sanctioning grants consists of the following members.—

(i) The Director of Medical Education, Madras—Chairman.

(ii) The Director of Health Services and Family Planning, Madras—Member.

(iii) The Additional Director of Health Services and Family Planning, Madras—Member.

(iv) The Director, King Institute, Guindy—Member-Secretary.

The Committee is receiving a standing block grant of Rs. 65,000 per annum from the Government.

(G.O. Ms. No. 859, dated 27th March 1944.)
G.O. Ms. No. 3088, Health, dated 28th December 1971, and
G.O. No. 753, Health, dated 8th May 1968.)

163. Functions.—The King Institute, Guindy, functions as:—

(1) The smallpox vaccine Depot for the State of Tamil Nadu and other States of India, supplies for which are decided by the Director General of Health Services, New Delhi.

(2) The Laboratory for manufacture of Bacterial Vaccines (Both prophylactic and curative). etc.

(3) The Laboratory where clinical bacteriological work is performed for the State in General, both for private medical practitioners and for hospitals in the Madras City and the muffasil.

(4) The public Health Laboratory for the State.

(5) A research laboratory for the investigation of problems connected with the Medicine and Public Health.

(6) A centre for the mobile units ready to go to any part of the State for the local investigations of epidemics and any special diseases. Applications for the services of units should be made to the Director of the Institute.

(7) An Instruction centre in its special subject.

(8) Central Blood Bank of King Institute, Guindy is the only Centre in South which is manufacturing freeze dried human plasma, wet plasma and diognastic blood grouping sera. Plasma and grouping sera are supplied to the State Hospitals private institutions and to other States. Blood grouping and Rh test are done. Central Blood Bank supplies essential equipments propaganda materials to all the Tamil Nadu State Blood Banks.

(a) The Central Blood Bank is the Training Centre for Medical Officers in Blood transfusion and resuscitation work. The Mobile Blood Collection Team of the Institute is deputed to Collect Blood from the inmates of the jails in the districts of Tamil Nadu. The Mobile Blood Bank Team is also deputed to accept blood donation from voluntary blood donors at Blood Donars Club of Indian Red Cross Society, Madras on Second Saturday and Sunday of every month.

(9) The Centre for the manufacture and testing of toxoids (Plain and absorbed) Momovalent and ployvalent, prophylactic and therapeutic Sera in the Anti-Toxin Department and Comprises of the following sections:—

(i) Anaerobic Section for manufacture of Toxins and Toxoids.

(ii) Diptheria and Pertussis Sections for manufacture Texins, Toxoids and pertusis vaccine and blending of vaccines.

(iii) Serum processing Laboratory for concentrating and refining immune plasma, biological standardisation of toxoids and sera, sterile filling of the biologicals, stocking and distribution of the products.

(iv) Veterinary Section for the maintenance of horses.

(G.O. No. 399, L., dated 28th April 1920.
G.O. No. 1542 Public Health dated 10th November 1922.
G.O. No. 1766, Public Health, dated 26th October 1923.
G.O. No. 542, Public Health, dated 30th March 1926.
G.O. No. 827, Public Health, dated 11th April 1933 and
G.O. No. 2649, Public Health, dated 1st August 1934.)

Section 2—Supplies.

164. Sera.—The institute purchases stores in bulk and distributes various kinds of Sera. Such Sera are supplied free of charge to all Government Hospitals and Dispensaries but are charged for in other cases at practically cost prices. For instructions regarding Sera, Vaccine, etc. see Appendix VII.

(G.O. Ms. No. 1259, L., dated 1st October 1918.
G.O. Ms. No. 1509, L., dated 7th November 1918.
G.O. Ms. No. 55, Public Health, dated 9th January 1930 and
G.O. Ms. No. 2845, Health, dated 22nd ovember 1971.)

165. Smallpox Vaccine.—Freeze Dried Smallpox vaccine is supplied from King Institute, Guindy, to Government Medical Institutions and officers of the Public Health Department. It is supplied to Private Bodies at the rate of Rupees Two per ampouble (Sufficient for fifteen vaccinations) exclusive of packing and forwarding charges. For instructions regarding vaccination see Appendix VII.

(G.O. Ms. No. 39, L., dated 11th January 1901,
G.O. Ms. No. 1634, L., dated 22nd July 1908,
G.O. No. 493, Finance dated 11th May 1921.
G.O. Ms. No. 2121, Public Health, dated 19th October 1925,
G.O. Ms. No. 2845, Health, dated 22nd November 1971 and
G.O. Ms. No. 1831, Health, dated 21st November 1968.)

166. Source of supply for local bodies.—All Panchayat Unions, and Municipal Councils should obtain their supply of Smallpox vaccine exclusively from the King Institute, Guindy.

(G.O. No. 39, L., dated 11th January 1901.)

167. Supply of Sera and vaccines to Local Bodies.—Recovery of cost-Procedure:—The following procedure should be observed in regard to the supply by the King Institute, Guindy of sera and vaccines to Local Bodies in the State of Tamil Nadu.

(1) Medical Officers incharge of hospitals and Dispensaries under Panchayat Unions and Municipalities will prepare Indents for sera and vaccines upto the quantity usually allowed and forward the Indents to the District Medical Officer.

(2) The District Medical Officer will scrutinise the Indents forward them to the Commissioner of the Panchayat Union or the executive authority of the Municipalities concerned.

(3) The Chairman of Panchayat Unions and executive authorities of Municipalities will, on receipt of the Indents, price them with reference to the current price of Sera and Vaccine (Information in respect of which will be furnished to them by the King Institute) arrange immediately for the repayment of their cost into the local treasury in favour of the Director, King Institute Guindy, and forward the Indents with the Treasury Chalan to the Director, King Institute for compliance.

(4) Whenever supplies of Sera and vaccine are required very urgently and cannot admit of the delay involved in the adoption of the procedure prescribed above, they can be demanded by telegram from the King Institute, by the Medical Officers concerned. In such cases, covering Indents with a report explaining the nature of the urgency should be sent by the Medical Officers on the same day to the Panchayat Unions concerned through the respective District Medical Officers, to enable the Panchayat Unions to pay the cost of such indents as expeditiously as possible into the Local Treasuries. The Treasury chalan along with the Indents will then be forwarded to the Director, King Institute.

(5) All credits and debits relating to the supply of articles indented for shall, as far as possible be finally adjusted before the end of the financial year.

(G.O. No. 640, Public Health, dated 9th March 1944.)

(6) The cost of sera, vaccines and solutions should be credited to "XXVIII. Public Health Receipts (a) Sale proceeds of sera" and the cost of packing and postage should be credited to "XXVIII. Public Health Receipts (c) Miscellaneous".

(7) As the cost of packing charges and postage. etc., depends on the size of the packing cases and the material used for packing, a separate bill will be sent for this item to the Panchayat Unions by the Director, King Institute, Guindy.

(Surgeons-General's Circular P. No. 74 H/74, dated 2nd May 1944.)

168. **Distribution of Cholera and T. A .B. Vaccines.**—(1) Cholera and T.A.B. Vaccine will be distributed from the following centres to the officers of the Health and Family Planning Departments for use in the Districts noted against each centres:—

Distribution Agency. (1)	Zone of distribution. (2)
King Institute of Preventive Medicine, Guindy	Madras City, Chingleput, North and South Arcot Districts.
Municipal Health Officer, Madurai	Thanjavur, Tiruchirappalli, Madurai, Ramanathapuram and Tirunelveli Districts.
Pasteur Institute	Coimbatore, Salem and Nilgiris Districts.

(2) All Indents for the supplies of vaccines should be sent to the distributing agencies indicated against the respective items and not the Director, King Institute, Guindy. In order to reduce the cost of packing and labour, the indenting officers, should as far as possible indent at a time, in the case of Cholera Vaccine for quantities of 200 doses or multiple thereof. As regards T. A. B. Vaccine, the greater preparation of this is stocked in quantities of 10 cc. and the rest in quantities of 5 cc. ampoules. Due discretion should be exercised in indenting for the requisite doses of T.A.B. Vaccine.

(Director of Public Health Circular D. No. 440, Public Health, dated 1st November 1941 and Surgeon-General's Circular I.N.P. No. 279A/41, dated 20th January 1942.)

169. **Tetanus Anti-Toxin.**—Tetanus Anti-Toxin manufactured in the Anti-Toxins Department of the King Institute, Guindy is issued for prophylactic use and for the purposes of treatment. For Prophylactic use, it is issued in doses of 1,500 international units (1950) and for treatment in doses 10,000 international units (1950), it is available for use in Government, Panchayat Union and Municipal Medical Institutions and also by private Medical Practitioners. The produce will be supplied free to Government Medical Institutions and on payment of cost to the Medical Institutions under the control of Panchayat Unions and private individuals.

(G.O. No. 2761, Public Health, dated 24th October 1945.)

170. **Indent for sera and Vaccines.**—All Indents for Sera and vaccines (other than Cholera and T.A.B. Vaccines) should be submitted to the Director, King Institute, Guindy, through the District Medical Officer or the Civil Surgeon concerned in the case of Muffassal Medical Institutions which are not incharge of an officer of the rank of a Civil Surgeon. In respect of Primary Health Centres, indents may be prepared by the Medical Officer of Primary Health Centres and submitted to the Director, King Institute, Guindy, through the District Health Officer. For the supply of smallpox vaccines, all indents from other States are placed through the Director General of Health Services and all indents from the State of Tamil Nadu are routed through the Director of Health and Services Family Planning, Tamil Nadu.

(Surgeon-General's Circular P. No. 127 H/46, dated 31st August 1946 and
G.O. Ms. No. 1368, Health, dated 4th September 1968.)

171. **Bacterial Vaccines.**—Baterial Vaccicnes are supplied free of charge to Government Medical Institutions to the Lawrence School, Lovedale, the Nilgiris District and when required for official purposes. In other cases, they will be charged for at the rates mentioned in paragraph 175 of thes code.

(G.O. Ms. No. 1024, L., dated 4th August 1911,
G.O. Ms. No. 72, L., dated 18th January 1915 and
G.O. Ms. No. 55, Public Health, dated 9th January 1950.)

172. **Concessional rates of Anti Typhoid vaccines to Schools, Colleges, etc.,**—Anti typhoid vaccines will be supplied to Panchayat Unions Schools, Colleges and Hospitals at the following concessional rates, if the quantity intended for is not less than 200 cc. at a time.

	Rs. P.
20 cc. bulb	2 50
10 cc. bulb	1 50
5 cc. bulb	1 00

(G.O. No. 3483, Public Health, dated 2nd August 1940 and
G.O. No. 4285, Public Health, dated 14th September 1940.)

173. **Deleted.**

174. **Supply of sera to private individuals and institutions.**—(1) Permission to waive prepayment of cost.—The Director, King Institute, Guindy, is permitted to waive at his descretion the prepayment of cost and forwarding charges for the supply of sera to private individuals and institutions in emergent cases. He should however, hold himself responsible for the recovery of the amount after the supply in such cases. He should not allow the concession to private individuals or institutions whose financial position is not sound.

(G.O. No. 2401, P.H., dated 6th July 1939.)

(2) A small quantity of about one or two doses can be supplied free for purely research purpose on the discretion of the Director.

The following institutions are permitted to obtain free supply of the Drugs mentioned against each of them.

ANNEXURE I.

Serial number and Name of the Institutions or bodies to which free supply is made.	Number and date of Government order in which the free supply is ordered.	Items supplied or services rendered free of charges.
(1)	(2)	(3)
1 Southern Railway Administration.	G.O. Ms. No. 165, Health, dated 12th January 1963.	Anti Cholera Vaccine.
2 Cancer Institute, Adyar	G.O. Ms.No.1854,Health, dated 30th May 1965.	W. R. Ampoules, Sera Vaccines; Antigenes and free clinical tests.
3 Rural Medical and Social Service League, Stanley Medical College, Madras and Social Service League and Organisations which render Medical Aid in Rural Areas.	G.O.Ms.No. 2469, Health, dated 4th August 1955.	T.A.B. Vaccine.

(1)		(2)	(3)
4	Central Leprosy Teaching and Research Institute, Tirumani.	Paragraph 3 of G.O.Ms. No. 101, Health, dated 4th August 1955.	Vaccine and sera.
5	Seva Samajam Boys Home and Bala Vihar.	G.O. Ms. 3270, Health, dated 3rd December 1954.	Free clinical tests and supply of prophylactic vaccines such as T.A.B' and Cholera vaccine.
6	Presidency College Social Service League, Madras.	G.O.Ms. No. 3478, Health, dated 24th December 1954.	Free clinical tests and supply of prophylactic vaccines such as T.A.B. and Cholera vaccine.
7	Tuberculosis Chemotheraphy Centre T.B. Institute, Madras.	Director of Medical Services, Madras Memo. R. No. 98327/G57, dated 12th December 1957 and Government Memo. No. 95769/H6/69-18, dated 27th February 1971.	Should be treated on a part with other Government Medical Institution in the City and supply made free of charge.
8	Neyveli Lignite Corporation, Neyveli.	G.O.Ms. No. 746, Health, dated 2nd March 1959.	Anti-Cholera vaccine and vaccine Lymph.
9	B.C.G. Vaccine Laboratory, Guindy.	G.O. Ms. No. 2586, Health, dated 26th November 1962.	Horse blood upto a maximum limit of Rs. 200 at any one time and subject to the maximum limit of Rs. 500 per annum.
10	Tuberculosis Chemotheraphy Centre.	G.O. Ms. No.488, Health, dated 19th February 1963.	Normal Horse Blood up to a maximum limit of litre costing Rs. 20 at any one time or Rs. 240 per annum.
11	Christian Medical College, Vellore.	G.O.Ms. No. 987, Health, dated 8th April 1963.	Anti—Smallpox and Anti-Cholera vaccine.
12	The Central Leprosy Teaching and Research Institute, Tirumani.	G.O. Ms. No. 2264, Health, dated 21st October 1964.	Horse Blood upto a maximum limit of Rs. 100 at any one time and subject to.
13	Voluntary Health Services, Madras Centre.	G.O. Ms. No. 2126, Health, dated 30th September 1964.	T.A.B. vaccine and smallpox vaccine subject to the condition that the cost of supply of these two items of vaccine does not exceed of Rs. 50 per annum.

ANNEXURE II.

Serial number and name of the Department or Section of King Institute Guindy.	Items supplied free or charge to all the Medical Institutions.
(1)	(2)
1 Department of Anti Toxin	(1) Anti Toxin Sera, (2) Anti Gas Gangrene, (3) Anti Deptheria, (4) Toxid, (5) Anti-Snake venom and such other products manufactured or procured and stocked in the Department.

ANNEXURE II—*cont.*

(1)	(2)
2 Blood Bank Department	(1) Human Blood Plasma, (2) Blood Grouping Sera, (3) Transfusion sets such other products manufactured in the Departments.
3 Prophylactic vaccine Department ..	(1) Cholera vaccine, (2) T.A.B. vaccine, (3) Plague vaccine and such other products manufactured or purchased and stocked in the Department.
4 Stock Therapeutic vaccine Section ..	All stock therapeutic vaccine that are manufactured in the section.
5 Small pox vaccine Department	Freeze dried smallpox vaccine and other items manufactured in the Department.
6 Solution department	All intravenous solutions, Distilled water and such other tiems manufactured in the Department.
7 Therapeutic vaccine Department ..	Dead emulsions Diagnostic re-agents Antigens, H-I.T. Sera and such other items manufactured in the Department.
8 Serology Department	Khadn Antigen Bullock heart extract Cholostral solution. Anti sheep Ambo-ceptor and such other products manufactured in the Department.
9 Media Department	Ordinary media; Special media; Media sets and other media manufactured in the section and articles required for collection of samples stocked in the Department.

G.O. Ms. No. 2945 Health, dated 22nd November 1971.

175. **Scale of charges for bacterial vaccines.**—Therapeutic vaccines—Graduated courses are given by injecting a fraction or the whole of the contents of a bulb. For organisms with a small does, the sets are usually as follows ;—

Strength in million per cc.—

First ; set Two bulbs of 20 m; two of 50 m; two of 100 m;

Second set ; Two bulbs of 200 m; two of 300 m; two of 400 m.

For organisms with a large dose, the sets are usually as follows :—

First set: Two bulbs of 100m ; two of 200 m ; two ot 400 m.

Second set: Two bulbs of 600 m; two of 800 m; two of 1,000 m.

Any other strength will be put as required as far as possible ; several different strains of the specific organism are used in each vaccine.

(1)	Prlee per set of six. (2)	Price pes bulb. (3)
(*a*) Autogenous vaccine first set of six does (Subsequent doses will be at the rates for stock vaccines).	16 00	....
(*b*) Stock therapaurtic vaccines —		
(1) Staphylococcus	3 00	0 75
(2) Streptococcuse filariasis—Strain from cases of filariasis	5 00	1 50

(1)		(2)	(3)
(3) Mixed pyogenic (Staphlosteptococus)	..	5 00	1 50
(4) Old tuberculin for Mantoux Test	..	.. ..	1 00

(c) Prophylactic stock vaccines—

		Typhoid, Para-typhoid, T.A.B.	Cholera.
Price per	20 cc. bulb	3 00	3 00
Do.	10 cc. bulb	2 00	2 00
Do.	5 cc. bulb	1 50	1 50
Do.	1cc. bulb	1 00	1 00

(G.O. No. 3000, Public Health, dated 1st December 1939.
G.O. Ms. No. 465, Public Health, dated 24th February 1934, and
Govt. Endt. No. 23657 45-1/D-2, Public Health, dated 31st May 1945).

176. Supply of vaccine to Military.—(1) Prophylactic vaccines to the Military Department are charged for, but in urgent cases supply of vaccines and other special medical article articles may be made free to Military Hospitals.

(G.O. No. 1362, Public Health, dated6th October 1923, and G.O. Ms. No. 178, Public Health, dated 31st January 1923.)

(2) Smallpox vaccine is supplied by the King Institute, Guindy, to the Military Department at the rate of Rs. two per impoule (sufficient for fifteen vaccinations) exclusive of packing and forwarding charges.

(Government Memo No. 30506 D2/41-5, Public Health, dated 19th February 1942, G.O. Ms. No. 1831, Health dated 21stNovember 1968.)

177. Supply of vaccines, sera, etc., to Pakistan Government.—Vaccine, sera, emulsions and other live cultures, etc., manufactured at the King Institute, Guindy, may be supplied to the Government of Pakistan, but the issue prices of the articles supplied will be 50 per cent above the prevailing inland rate for such products.

(G.O. Ms. No. 3606, Public Health, dated 31st October 1949.)

178. Free supply of Cholera vaccines to Panchayat Unions, etc.—Cholera vaccine will be supplied free to Panchayat Unions and officers of the Health and Family Planning Department. It will be supplied free of cost to the Southern Raiways subject to the condition that the medical officers employed under the Railways Administration inoculate free of charge the general public also in times of epidemic or when called upon to do so by the Health and Family Planning Department.

G.O. No. 1129, Public Health, 10th June 1927, G.O. No. Public Health, dated 16th August 1927 and G.O. Ms. No. 3334, Public Health, dated 1st December 1937.

179. Supply of strains and living cultures of organisms to manufacturing firms, etc.—Strains and live cultures of organisms except live culture of B. bulgaricus used for the preparation of butter milk will be supplied to manufacturing firms and private persons, etc., by the Director, King Institute, Guindy, at his discretion at the eate of Rs. three for each strain or culture. exclusive of packing and postage charged.

(G.O. Ms. No. 2929, Public Health, dated 16th Augnst 1938
G.O. No. 2625, Public Health, dated 24th July 1939 and
G.O. Ms. No. 2944, Public Health, dated 17th August 1939.)

Section 3—Examination and analysis.

180. Routine free water analysis.—(1) Various protect water supplies to Municipalities, Panchayats, Townships, Jails, Railway Stations, certain educational institutions, Project Camps in Tamil Nadu and Government Hospitals in Madras City and Districts are examined systematically at least three times in a year and reported on at the cost of the Government by the Chief Water Analyst at the Central Laboratory at King Institute, Guindy, and at the Regional Water Analyst Division of the Principal, Public Health Laboratory, Coimbatore. The Regional Water Analyst Division will cater to the needs of the five districts, viz., Coimbatore, Salem, Nilgiris, Dharmapuri and Tiruchirappalli.

Samples of water received under the various Rural Water Supply Schemes with Government aid are also tested free of charge.

The following procedure has been prescribed in G.O. Ms. No. 1558, Health, dated 3rd July 1972 with regard to the inclusion of new protected water-supplies;—

(1) As soon as a new water supply is brought into commission, the District Health Officer, or the Municipal Health Officer as the case may be, will intimate the fact to the Director of Health Services and Family Planning (Public Health Wing).

(2) The Director, on receipt of the intimation will ask the Chief Water Analyst to carry out a special survey of the water supply to determine the points from which samples must be taken for checking the hygienic safety of the supply and submit a report to him.

(3) On receipt of the report the Director of Health Services and Family Planning (Public Health Wing) will issue orders with a copy to the Chief Engineer, Public Works Department (General) and the Government for including the supply for regular periodical analytical check by the Chief Water Analyst.

(4) Analysis Fees.

The charges for the different types of services rendred by the Water Analysis Branches at King Institute, Guindy and Coimbatore are as follows (Subject to revision) ;—

1. Chemical analysis of water samples for potability ..	Rs. 15 per sample.
2. Bacteriological analysis of water samples for potability	Rs. 15 per sample.
3. Chemical analysis of water samples for industrial uses	Rs. 35 per sample.
4. Analysis of sewage industrial wastes	Rs. 35 per sample.
5. Testing of disinfectant for Rideal Walker or S.A. Co-efficient. ..	Rs. 30 per sample.
6. Single chemical or bacteriological test ..	Rs. 5 per sample.
7. Single chemical or bacteriological tests where special complicated work is necessary.	Rs. 10 per sample.
8. Charges for supply of cultures Salm. typhi (786) or aureus (3750).	Rs. 3 plus sales tax per culture.

181. Other free examinations.—No charge is made for work done on behalf of Government or Municipal Council or Panchayat Unions and on behalf of bona fide poor patients attending rural dispensaries and charitable mission hospitals. Other bodies and private individuals will be charged according to the rates prescribed in the rules relating to the Medical Attendance and levy of fees in Government Medical Institutions, *See* paragraph 456.

(Paragraph 3 of G.O. No. 1474, dated 9th November 1908, G.O. No. 405, Medical dated 30th July 1920 and G.O. No. 4176, Public Health, dated 10th September 1940).

182. Free examination to Government servants.—Government servants are entitled to free bacteriological examination at the bacteriological laboratories, etc., whether sent by their official medical attendants or by private medical practitioners. *See* the Medical Attendance Rules.

(G.O. No. 1006, Public Health, dated 5th July 1931).

183. Scale of charges for examinations and analysis.—For scale of fees to be charged for private pathological, bacteriological and other examinations done in Government Medical Institutions, Medical Colleges and the King Institute, Guindy, *See* the Medical Attendance Rules.

184. Refunds of excess payment of fees for bacteriological examinations, etc. and for supplies of sera and vaccines.—The Director, King Institute, Guindy, is empowered to sanction refunds of (*a*) fees collected for bacteriological and pathological examinations from patients in excess of the rates prescribed by the Government and (*b*) excess moneys received for supplies of sera and vaccines.

(G.O. No. 4155, Public Health, dated 9th September 1940 and item 14 (*b*) of Appendix 2 the Tamil Nadu Financial Code, Volume II).

Section 4—Training.

185. Students.—Instruction is given onee a year to the students of the B.S.Sc. and course of the Madras Medical College, Madras for a period of 15 days, in the Sections of Serology Virus Vaccines and Anti Toxines, Sera.

186. Post-Graduate Training.—(1) Training in the following secial subjects is also given at the King Institute, Guindy.

1. Vaccination.

2. Practical training.

3. Combined clinical pathology and bacteriology. For each of the above courses of training uniform fee of Rs. 150 (Rupees one hundred and fifty only) per quarters be levied.

. NOTE.—The minimum parlod of training in each course shall be three months, while the maximum perioa may be one year, the actual period of training being left to the option of the candidate If a candidate desires to nndergo training in a sp cial subject for a further period (beyond the first thiec months) the period of extensiongshould be in multiples of three months.

(G.O. No. 2197, Health, dated 20th June 1961 and Govt. Memo. No. 42188, Q/51-3, Health, dated 27th October 1951).

(2) Training in blood transfusion and resuscitations is also given in the Blood Bank Section of the Institute. The course is for two weeks and a fee of Rs. 75 (Rupees seventy-five only) is charged for this course of training.

G.O. No. 2567, Health, dated 15th July 1951).

(3) The M.D. and M.Sc., student of Microbiology are posted for one year at the King Institute, Guindy for training.

Section 5—Technical Instructions.

187. Blood films.—Blood films should be made on thoroughly clean slides free from grease. Another glass slide with corners broken off makes the best spreader. Films should not be fixed but should be dried in the air. They should be packed in such a way that the films will not be damaged. A good way of packing is as follows :—

Put two slides films upper most near each other at one end of a clean piece of paper repeatedly fold in the edges of the paper until the folded edges live over the outer portions of the slides then wrap the slides up in the rest of the paper and tie off with string.

(2) In blood films malaria, relapsing fever and filariasia, both thick and thin films are required. First make a good thin film beginning one-third of the way from one end of the slide and ending towards the other end, and then make a thick film by smearing two or three drops of blood on the clear glass near where the thin film begin.

(3) Blood films for a differential leucocyte count or for Kala Azar should be thin films made in the ordinary way except when the end of the film is being reached, the spreader should be sud-denly raised so as to leave an abrupt margin (in which leucocytes will be abundant) and not leave a tailed end as in ordinary films. Further it is essential is these films that they may be narrower than the full width of the slide. This will be accomplished if a glass silde spreader with broken corners be used. For Kala Azar at least six such blood slides should be sent.

188. Blood for Widals Wassermann, Kahn Test and Cultures.—From a vein — The skin in front of the elbow is thoroughly sterilised with alcohol and ether or tincture of iodine. A light torniquet is applied over the arm. The needle and syringes should be sterilized in an autoclave or hot air oven by boiling in water if the later, it is important in the case of a Wassermann or Kahn Test to first use normal saline solution in washing away all traces of water (which would cause hamolyses) from the inside of the syrings and needle. Do not let blood clot in the syringe, i.e., empty it into a ordinary vaccine capsule as soon as possible. At least 3 cc. of blood are require for a Wassermann and Kahn tests and more is required for blood cultures the quantity varies according to the number of culture, tubes to be inoculated, usually 5 cc. suffices for one tube. Before taking blood for culture, the Institute should be given full particulars of the disease suspected so that the correct media may be sent.

189. Instructions for the despatch of samples of blood for serological tests in the King Institute, Guindy.—The following instructions should be carefully observed for the despatch of bloods for serological tests to the King Institute, Guindy with a view to ensure that samples of bloods sent to the Institute are not lysed or insufficient, etc.

(1) **Container.**—The Institute supplies on indent dry sterile scaled ampoules of 35 cc. which should be used as container for samples of blood to be sent to the Institute of blood may be sent in any sterile suitable container.

The chief cause for lysis of blood is infection with extraneous organism or moisture.

(2) **Syringes and sterilization.**—Spirit should not be used for sterilizing the syringes, and the syringes should be thoroughly washed each time before use with sterile normal saline. (Traces of spirit or moisture are sure to lyse bloods.)

(3) Blood 5 cc. of blood should be sent properly, sealed and despatched on the same day as the blood is taken.

(4) **Preservation.**—If the above precautions are taken no preservative is necessary.

(5) **Packing and despatch.**—The container should be properly labelled and packed with cotton or fibre and a copy of the requisition should be enclosed in the parcel itself. Wooden boxes should be used and not a cardboard box. The parcel should be despatched by post.

(6) **Days of despatch.**—Blood should be despatched in such a way as to be received in the Institute, during the week days, preferably not latter than Firiday in the week.

The result of Khan tests are usually reported on the third day of receipt of bloods in the Institute and the results of Wassermann tests two or three days later.

(Director of Medical Services Circular P. No. 40/G2, dated 6th February 1952.)

190. Isolation of bacteria for diagnosis of vaccines.—(1) General Pathological material on receipt of demand, the institute will send out appropriate media, sterile spreaders and instructions. The material (pus, sputum, etc.) should be obtained and cultured as soon as possible. Immediate culture is essential for Gono Coccus. In making cultures from open ulcers, sinuses or infected cavities, all superficial lose material, should be first washed away with sterile water or saline. Ordinarily the planting will be done by taking a small quantity of the material obtained and spreading it over two or three tubes of media using the same spreader without reinforcing the first charge. The cultures should be incubated and sent to the Institute, as early as possible. If posted, cultures should be well protected from outside temperatures and from breakages by thick layers of wool.

(2) **Faces.**—Specimens of faces should be sent in bottles with well fitting ground glass stoppers. The stoppers should be tied down and then waxed over. Next the bottle should be packed in wool in a tin and finally the tin packed in wool in a box. When cholera is suspected if possible, see that mucus flakes are included in the sample sent. In the enteric and bacillary dysentey group send a sample of loose stools obtained if recessary by the use of purgative (if such be allowed). For these diseases a good method of preserving faces sent from a distance without killing the specfic organism, is to emulsify three volumes of faces in two volumes of acid free glycerine. For the examination of amoebae a sample of a natural stool, is best. Special bottles can be supplied by the Institute for dysentery work. The usual precautions as to sterility of containers and of instruments used (spoons) should be observed in all cases despite the nature of the material sent.

(3) **Urine.**—If possible a catheter specimen should always be sent. Whether by catheter or by natural voidance the specimen (for culture) should always be from the "Mid-Stream' specimen" void the first and the last portions. A two oz., sterile bottle should be filled, stoppered and packed as described above for faces.

191. Plague.—Special Caution.—Medical Officer should remember that in handling plague material they are liable to get plague through cuts, etc., in their skins and so should take proper precautions—gloves and antiseptics.

I. Human Plague.—Sources from which material suitable for examination may be obtained—

(1) Spleen or liver in fatal cases only.

(2) Buboes in bubonic plague.

(3) Sputum in pneumonic plague.

(4) Peripheral blood only to be sent when there is absolutely no chance of anything else being available.

The preparation of specimens—In all ordinary cases "films " should be forwarded.

(i) Preparation of film from spleen, liver or lymph glands post-mortem :—

(*a*) Clean some slides.

(*b*) Make an incision over the liver or spleen sufficiently long to expose the edge of these organs. With a pair of forceps, grasp the edge of the liver or spleen and pull it upto the incision. With a pair of scissors cut off a small piece of the organ. Holding this piece of tissue in the n forceps; wipe it thrice along one of the clean slides forming three separate streaks. Avoid excess of

blood or gland juice by rubbing the piece of tissue on one end of the slide two or three times before proceeding to make the streaks. This is not usually necessary if the gland is of normal consistency but if it is greatly engorged the streaks may prove too thick for satisfactory examination. Note very carefully that the streaks must be made with a freshly cut surface and not with the capsule of the gland.

When for any reason even a modified post-mortem examination is not possible one may resort to puncture with a large needle. In this procedure it is very difficult to be sure that the spleen has really been tapped. It is also extremely difficult as a rule to get blood from a spleen after death. It is best therefore, if driven to use a needle to puncture the larger and more engorged liver. Any enlarged lympatic gland should be incised and smears made from the cut surface.

(*c*) Wave the slide in the air until the smear is quite dry.

(*d*) Drap the slide in white paper and write the particulars on the outside of the packet.

(ii) Preparation of a film from buboes during life.

(*a*) Clean several slides.

(*b*) Clean the skin over the bubo with alcohol and ether. This is important as the skin of the groin and axilla contains many organism which are liable to increase the difficulty of diagnosis where a minute quantity of fluid only is obtained.

(*c*) Steadying the bubo with the left hand plunge the needle well into the mass taking care to avoid such dangerous structures as the femoral vein or artery. Before doing anything further allow the needle to remain a few moments in the tissues. With draw the point of the needle very slightly and pull out the piston of the syringe. It is often difficult to get any fluid whatever from a gland. In such cases the best procedure is to allow the needle to remain in for some minutes.

(*d*) Withdraw the syringe and reject small drops of the contents on to two or three clean slides. Spread these into films with the needle of the syringe or the edge of a slide.

Do not draw the needle too far out. Do not mistake a little blood drawn in from the skin itself on the withdrawal the needle for gland juice.

If there is any doubt as to the origin of the fluid obtained this should be stated on the specimen as it may be possible microscopically to confirm or dissipate such doubts.

An alternative method much to be preferred where it can be carried out, is to cut down upon the gland, divide it, and take screping from cut surface. In cases where diagnosis is of infinite importance this is by far the best procedure as it will yield almost certain evidence, both positive and negative, regarding plague.

Do not be satisfied with pus from a discharging bubo or from a suppurating bubo if less advanced boboes are present. Pus from a bubo may very well contain no recognisable plague bacilli whilst pus from a bubo which has been discharging for some time is not likely to contain bacilli.

In fatal cases in addition to smears from a spleen or liver any enlarged glands should invariably be incised and smears made by the cut surface.

(iii) Preparation of a film from sputum. Films of sputum are made in the normal way but special care should be taken to get true expectoration. In typical cases, this present no difficulty as the expectoration is copious, clear, thin and blood-stained, but in cases where the expectoration is thick and less copious, rusty portions should be taken.

(iv) Preparation of a film from peripheral blood.

If all other resources fail, films or peripheral blood may be sent and these should be made somewhat thicker than films for the diagnosis of malaria.

(v) The preparation of cultures.—This will be necessary only in special cases. It is essential in sending such material that it should be surrounded by sufficient ice to ensure its reaching Guindy without decomposition. Such meterial will in general be sent only as a result of correspondence on the subject when special directions will be given.

II. Plague other than Human in rate, etc.—(*a*) Whole rats should not be forwarded unless there are special reasons for such a procedure. If rats are sent whole, they should be packed into sufficient ice to allow them to reach Guindy undecomposed. Rats may also be sent in spirit, In this case, the abdomen should be opened before putting the rat into spirit, and atleast one pint of spirit should be used for each rat. This method of sending material should only be adopted when no other procedure is possible.

(*b*) Material sent for diagnosis should always, if possible be in the form of films which should be prepared as follows :—

Lay the animal on its right side and with a pledget of wool dipped in week spirit, wipe over the side of belly which lies uppermost. This will keep the hair from interfering with the subsequent dissection.

Pinch up a large fold of skin with a forceps and with a pair of scissors cut this off. If the whole thickness of skin and muscle over the abdomen be included in the fold, one cut of the Scissors will expose the vissera with the small elongate spleen lying upon them.

Remove the spleen with the forceps and lay it upon a slide.

Snip off a small piece about the size of a pea and make three streaks on a clean glass slides as described under 'Human Plague'.

192. Analysis of water samples.—Trained sample-takers from the Central and Regional laboratories regularly tour the State, taking samples of water from the supplies referred to in paragraph 180. So before sending a sample it is advisable to write to the Chief Water Analyst, King Institute, Guindy or the Regional Water Analysst,Coimbatore and ascertain whether a trained sample-taker can collect the required samples. Otherwise the following instructions should be carried out:—

(1) It is necessary to inform the Water Analyst and ascertain when it will be convenient to receive the samples, because it is desirable that samples should be examined soon after they are received at the laboratory.

(2) The duty of collecting the samples should always be under taken by a responsible person. The employment of peons or servants for this purpose is strictly prohibited.

(3) The bottles should be obtained from the Water Analyst on application and then filled up with samples as per instructions below and forwarding through a *responsible messenger*.

(4) Samples should be sent both for chemical and bacteriological examination, as no definite opinion can be given on the quality of water unless examined chemically as well as bacteriologically.

(5) Besides forwarding water samples for analysis, a covering letter should also be sent to the Water Analyst advising despatch of the sample, and enclosing the descriptive form (supplies with the bottles by the Water Analyst) duly filled in and signed.

(6) Each bottle should be labelled with the name the source in full and date of collection.

(7) The water samples should be collected and forwarded by the first available train or lorry service.

(8) The following further instructions should be adhered to in the collection and transmission of samples :—

Instructions for the collection and transmission of samples water for chemical analysis— Remove the small slip of paper placed between the stopper and neck of the bottle. The sample should be drawn in the winchester quarter bottle(Two litters capacity) after rinsing it well with the water to be sampled. It is important that the bottle should be full leaving no air space below the stopper. Tie a fresh piece of paper round the stopper and neck together so as to prevent the former falling out. Lable clearly giving the source and date of collection. Samples intended for chemical examination need not be packed in ice, they may be sent by Railway parcel by the first available passenger train after they have been drawn. When the well is provided with a pump it is always advised to collect the samples as the water flows out of the pump after allowing the water to waste for atleast five sminutes.

In the case of wells and bore wells which are not in regular use samples for analysis should be collected only after subjecting the source to prolonged and continuous pumping or baling out for atleast three consecutive days for 3 to 4 hours a day and the sample taken just before the end of the pumping or baling out on the final day.

NOTE.—The minimum time allowed for the retention of the bottles is only 10 days and it is advisible to indent for the containers only when the sources to be sampled are ready in order to avoid delay in the return of the container.

Instruction for the collection of water samples for iron test.—A small glass stoppdred bottle is sent. It contains a solution of a chemical. Please fill the bottle upto the mark with the sample-water taken directly from the source after prolonged pumping, stopper it properly and sent it carefully packed along with the chemical sample. In the case of bottles where there is no mark please fill it upto the neck WITHOUT allowing to overflow.

Instructions for the collection and transmission of samples of water for bacteriological examination.—(i) Sample for bacteriological examination should be collected in sterilized bottle. The bottle is supplied with the original paper wrapper in which it was sterilized. The wrapper should not be tampered until the following instructions have been read.

On reaching the source of water and just before sampling the upper part of of the wrapper juss below the neck portion should be cut around with a knife or scissors such that it will come outloose. Avoid touching any part of the bottle with the hand.

Loosen the wrapper and lift it along with the stopper. A slip of paper is placed between the stopper and neck to prevent 'sticking' during sterilisation. Remove this paper by smartly pulling the free end and without touching the mouth of the bottle or the stopper to which it may be attached.

Remove the stopper with the original paper cover and place the inner side upwards on a clean place and collect the sample. After collection of the sample follow the procedure given below:—

Replace the stopper in the bottle with original wrapper, tie the neck and write the label clearly on the wrapper on its lower portion, using, preferably a copying pencil.

(ii) **Collection of sample from a tap.**—When the sample is to be taken from a tap in regular use the tap should be opened fully, and the water run to waste atleast for two minutes in order to flush the interior of the nozzle and to discharge the stagnant water in the service pipe. In the case of a sample to be collected from a tap which is not in regular use, the tap should be sterilized by heating it either with a blow lamp or with a lighted piece of cotton soaked in methelated spirit, until the tap becomes hot. Then the tap should be cooled by allowing the water to run to waste for 5 to 10 minutes before the sample is collected.

The bottle should be held by its base with one hand and the stopper and paper cover over it removed together and held in the hand. The sample bottle should be filled from a gentle stream of water from the tap, avoiding splashing.

The collection of samples from taps which are leaky should be avoided because, the water might run down the outside of the tap and enter the bottle causing contamination. If this cannot be avoided, special precautions should be taken to clean the outside of the tap and to flame it sufficiently to ensure sterility.

(iii) **Collection of samples from rivers, lakes, reservoirs, wells, etc.**—Samples from rivers and streams should not be taken too far away from the point of draw off. For collecting samples of directly from rivers, lakes, tanks, wells, etc., a bottle with a string attached to the neck which is fully wrapped in paper and sterilized is supplied and this should be used. Before taking the sample, the paper cover should be removed, taking care not to allow the side of the bottle to come into contact with anything. Unwind the string tied round its neck, attached another long clean string to the end of the sterilized string, and lower the bottle into the water and allow to fill up. The bottle should be then raised and the stopper with cover replaced.

(iv) Another method of collecting samples from rivers or reservoirs is to hold the bottle by the bottom and plunge its neck downwards below the surface of the water. The bottle is them turned until the neck points slightly upwards, the mouth being directed towards the current. If no current exists, as in a reservoir, a current should be artificially created by pushing the bottle horizontally forward in a direction away from the hand. When full, the bottle is raised rapidly above the surface and the stopper replaced.

(v) If a sample is to be taken from a well fitted with a pump, the water should be pumped to waste for about 5 to 10 minutes and the sample collected from the sump delivery or from a tap in discharge.]

(vi) Place the bottle wrapped in a paper in a box with plenty of ice (the quantity required in each use depending on the number of samples, the distance of the source from Guindy and the season of the year) and send it to the Laboratory at Guindy, IN-CHARGE OF A RESPONSIBLE MESSENGER, who should be instructed to replenish the ice at intervals en route. *It is essential that the sample should be kept at* 5 *to* 10 *C until it is delivered at the laboratory which should be within* 48 *hours after sample collection.*

Section 6.

DISTRICT PUBLIC HEALTH LABORATORIES.

192-A. District Laboratories have been established in all the District except Coimbatore in this State under the Government of India pattern. They shall perform the following functions;—

The working hours, etc., of the Public Health Laboratories are given in Appendix XXV.

"They shall perform the following functions:—

1. Carry out bacteriological, bio-chemical and serological tests and investigation.

2. Undertake the examination of clinical and pathological specimens sent from Government hospitals, dispensaries, and other medical institutions*, or by private medical practitioners, from the District within the laboratory is situated.

Specimens requiring tests of a highly specialised nature, for which facilities do not exist in a district laboratory, may however be forwarded to the King Institute, Guindy (or a medical college laboratory, if it happens to be nearer), provided, the prior sanction of the District Medical Officer of the district in which the institutions is situated (or the Superintendent of the Hospital if he is of the rank of a Civil Surgeon) is obtained prior to despatch. Along with these specimens detailed case notes complete in every form including reports of the tests carried out and the treatment given shall be fursnihed".

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*The charges for such private pathological, bacteriological test, etc., will be charged according to the rates specified in paragraphs 181, 182, 185 and 456 of the Tamil Nadu Medical Code, Volume I.

(D.M.S.P. No. 116, P and D II/62, dated 4th May 1962.)

CHAPTER IX.

GOVERNMENT ANALYST'S DEPARTMENT.

Section 1—Government Analyst—Position and duties.

193. **Functions of the departments.**—The Government Analyst's Laboratory is located in the King Institute of Preventive Medicine, Guindy. It undertakes the analysis of foods and drugs with the object of preventing the sale of adulterated, sub-standard or misbranded goods to the public. The work of the laboratory comprises the following:—

(i) Analysis of food samples taken under the Prevention of Food Adulteration Act, 1954 (Central Act 37 of 1954).

(ii) Analysis of diet artlices from Government hospitals.

(iii) Analysis of drugs and cosmetics taken under the Drugs and Cosmetics Act from the States of Tamil Nadu and Pondicherry.

(iv) Analysis of samples of hospitals mixtures prepared in the various hospitals.

(v) Analysis of samples of food from the Railways, Food Corporation of India, Port Health Authorities, Magistrates, etc.

(vi) Analysis of foods and drugs from private parties.

(vii) Examination of foods for contamination with chemical poisons.

194. **Government Analyst.**—Rules relating to the post are contained in the Special Rules for the Tamil Nadu Public Health Service.

195. **Government Analyst's Staff.**—The staff of the Government Analyst's Laboratory consists of the Government Analyst, 13 Senior Analysts, 13 Junior Analysts, one Technical Assistant, five Technicians, Grade I, three Technicians Grade II, nine Laboratory Peons, and one Menial. The ministerial staff consists of one Superintendent, three Assistants, one Store Keeper, four Junior Assistants, one Steno-typist, five Typists and one Record Clerk.

The rules relating to the recruitment and other conditions of these posts are embodied in the Tamil Nadu Public Health Service and the Tamil Nadu Public Health Subordinate Service Rules in Volumes II and III of the Tamil Nadu Service Manual.

196. **Correspondence with the Director of Health Services and Family Planning.**—The Government Analyst should communicate with the Director of Health Services and Family Planning (P.H. Wing).

197. **Duties.**—The Chief duties of the Government Analyst are—

(1) to examine and report on samples of foods from local bodies other than the Corporation of Madras and drugs taken under the respective Acts and from hospitals, dispensaries and other departments;

(2) to advise Government on technical points in connection with the working of the Prevention of Food Adulteration Act, the Tamil Nadu Prevention of Food Adulteration Rules and the Drugs Act;

(3) to make recommendations for Standards for foodstuffs.

(4) to undertake such other work connected with his special subject as may be entrusted to him by the Director of Health Services and Family Planning;

(5) to assist the local bodies in the proper enforcement of the Prevention of Food Adulteration Act;

(6) to analyse samples sent by Magistatres and give his opinion regarding them.

NOTE.—The Government Analyst, King Institute, Guindy, has been declared to be a Chemical Examiner to Government ex-officio within the meaning of Section 510 of the Code of Criminal Procedure, 1898.

(G.O. No. 3266, Home, dated 13th December 1943.)

198. **Certificates issued by Government Analyst.**—Any document purporting to be a report signed by a public analysts unless it has been superseded under sub-section (3), or any document purporting to be a certificate signed by the Director of the Central Food Laboratory, may be used as evidence of the facts stated therein in any proceedings under this Act or under Sections 272 to 276 of the Indian Penal Code.

Provided that any document purporting to be a certificate signed by the Director of the Central Food Laboratory shall be final and conclusive evidence of the facts stated therein.

(Section 13(5) of the Prevention of Food Adulteration Act.)

199. **Procedure to summon the Government Analyst.**—In order to prevent the Government Analyst from being called on to attend courts unnecessarily, a summon for attendance of the Government Analyst as a witness in food adulteration cases should invariably be transmitted through the District Magistrate concerned, who will then be able to satisfy himself that the officer's personal attendance to give evidence is essential.

(G.O. No. 329, Hime, dated 25th January 1957.)

200. **Prosecutions against co-operative stores or Societies under the Tamil Nadu Prevention of Food Adulteration Act.**—(1) Where a sample taken from a co-operative concern is found to be adulterated or misbranded, the persons to be charged are—

(i) the co-operative concern as such;

(ii) the salesman or other person who actually sold the sample; and

(iii) the official of the society, by name, who as, stated in the bye-laws of the society is responsible for the purity of the food sold.

The co-operative concern as such must be charge-sheeted as the first accused. Section 3(22) of General Clauses Act defines 'Persons' so as to include any company or association of individuals, whether incorporated or not.

(2) Offences committed by an institution like the co-operative society are governed by Section 17 of the Prevention of Food Adulteration Act which lays down that where an offence under the Act has been committed by a company, every person who at the time the offence was committed was in-charge of the business of the company as well as the company, shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly provided that nothing contained in this sub-section shall render any such persons liable to any punishment provided in the Act if he proves that the offence was committed without his knowledge or that he exercised all due deligence to prevent the commission of such offences. The office bearers of the society can take protection under the said section by proving to the satisfaction of the court that the adulteration has taken place without their knowledge. The question whether any leniency should be shown to the co-operative societies in food adulteration cases was examined as early as 1962 and the Government in their order G.O. Ms. No. 308, Health, dated 2nd February 1962, have already issued orders that no exemption or leniency can be shown to the office-bearers of the co-operative societies in the matter of food adulteration.

(3) In the circumstances stated above, the Government directed that prosecutions under the Prevention of Food Adulteration Act, 1954, be launched against the office-bearers of the co-operative societies also whether they are officials or non-officials. While launching prosecution clear evidence should be let in that the officers prosecuted were responsible for the adulteration.

The permission of the Additional Director of Health Services and Family Planning is not necessary while launching prosecution against co-operative societies.

(G.O. Ms. No. 1396, Health, dated 15th June 1970.)

201. **Procedure for submission of appeals by Government Analyst.**—If the Government Analyst desires to bring to the notice of Government any proposals for an appeal against acquittal of an offence under the Prevention of Food Adulteration Act, which a District Magistrate has declined to forward to Government but which he considers to be of sufficient importance, he may make a reference to Government through the Additional Director of Health Services and Family Planning.

(G.O. No. 4171, P.H., dated 29th November 1949.)

202. **Fees for Analysts.**—(1) In regard to all analysis not effected on behalf of Government or not carried out under statutory rules or not prescribed by executive order of Government or on behalf of local bodies working the Prevention of Food Adulteration Act, the Government Analysts should charge fees on the scale laid down. All fees realised (including those paid by private persons or bodies for analysis of samples of foods, chemicals, etc.) should be credited in full to Government.

(2) The Government Analyst is permitted to levy fees analysing samples of food, chemicals, etc., at his discretion, in accordance with the amount of work involved, subject, however, to the condition, that in no case, should fee charged be less than those prescribed in the schedule of fees for private work done at the Government Analyst Laboratory, King Institute, Guindy.

(G.O. No. 3651, Public Health, dated 3rd November 1947.)

(3) Drugs samples are charged at the rates prescribed in Schedule B under the Drugs and Cosmetics Act, 1940 as amended by the Drugs (Amendment) Act, 1955.

203. **Scale of fees for local bodies.**—The local bodies are divided into municipalities, townships, town panchayats, panchayat unions, cantonment boards depending upon their population. A fee of Rs. 5 is charged for each extra sample.

(G.O. Ms. No. 2343, Hralth, dated 9th November 1964.)

204. **Recovery of contribution and fees from local bodies.**—The major revenue of this laboratory is derived from analysis fees paid by local bodies in connection with the analysis of food samples by the Government Analyst. The following procedure should be observed in the matter of recovery and accounting of such analysis fees:—

(1) Government, in consultation with the Government Analyst and the Director of Health Services and Family Planning (Public Health Wing), Madras extends the Prevention of Food Adulteration Act to any particular local body and fixes the monthly quota to be sent for analysis by the Government Analyst. The Government Analyst will send a monthly statement, on the 15th of every month, showing the number of samples received, analysed and the names of the defaulting local bodies in respect of previous month.

(2) The Government Analyst will send the demand notices directly to all the local bodies working the Act at the beginning of the financial year with a request to remit the analysis fees in advance for the particular financial year.

(3) The local body should remit the contribution either in cash or through bank drafts. The demand draft should be obtained in favour of the Government Analyst, King Institute, Guindy, Madras on the State Bank of India, Saidapet, and forward the same direct to the Government Analyst so as to enable him to settle the accounts.

(4) The Government Analyst will verify if all the credits as per chalans received by him have been properly accounted for in the Treasury Accounts at the Office of the Accountant-General, Madras, on every matter and address the Treasury Officers for rectification of any defects thereon.

(5) As regards, the charging of extra samples, the deficiency in a particular month can be made good without any extra cost only if extra samples in respect of the previous month's deficiency and sent in the subsequent month.

(G.O. Ms. No. 1197, Health, dated 10th May 1973.)

205. **Fines imposed under the Tamil Nadu Prevention of Food Adulteration Act.**—*Appointment to local bodies.*—A deduction of ten per cent should be made from the fines realised under the Prevention of Food Adulteration Act in the first instance to cover the cost of administration of the Act and the collection of fines in all cases. Out of the balance of 90 per cent of the proceeds of the fines realised, the amount of fines realised in cases, where no analysis of samples is done by the Government Analyst, should be deducted and when the remaining amount payable to local bodies exceeds the contribution paid by it to the Government an amount equivalent to one half of the excess of the fines over the contribution should be deducted from the amount payable

to local bodies and withheld. The following illustration will indicate the method of calculation to be adopted in the practical working out of these directions—

Method of calculation.	Non-Analysis Cases.	Analysis Cases.
	RS.	RS.
(*a*) Total fines	200	9,800
(*b*) Less 10 per cent	20	980
	180	8,820
(*c*) Contribution for analysis	..	6,500
(*d*) Excess over contribution for analysis	..	2,320
(*e*) One half of excess	..	1,160
(*f*) Grant to be paid	180	8,820 Minus 1,160 or 7,660
(*g*) Total amount to be paid for non-analysis and analysis cases.	180 plus of Rs. 7,840	

These grants are made to local bodies by the District Magistrate concerned once a year in the month of July.

(G.O. No. 1743, Health, dated 13th May 1939.
G.O. No. 5336, Public Health, dated 12th November 1940,
G.O. No. 1941, Public Health, dated 9th May 1941 and
Govt. Memo. No. 28096-P/50-3, Health, dated 15th November 1950.)

206. **Annual report of the Government Analyst's Department.**—The Government Analyst should submit to Government through proper channel by the 15th of July an annual report for the calender year, from 1st January to 31st December giving particulars of the work done in his department. The report will show the number and nature of samples received and analysed, number, adulterated, the action taken by local bodies in connection with samples taken under the Prevention of Food Adulteration Act, and a ~~short note~~ on the samples sent by Government hospitals and other Government Departments. Local bodies are required to send to the Government Analyst quarterly reports giving particulars of the fines imposed in food adulteration cases and also particulars of any case where a prosecution has not been instituted in respect of any sample certified as adulterated.

(G.O. Ms. No. 1613, Health, dated 21st July 1965.)

Section 2—Transmission of samples for analysis.

207. **Officers empowered to send samples.**—(1) In exercise of powers conferred by section 9 of the Prevention of Food Adulteration Act, 1954 (Central Act 57 of 1954), the Governor of Tamil Nadu has appointed the following as Food Inspector for the purpose of the Act, with effect from 24th September 1955;—

(*a*) In the Corporation of Madras, the Health Officer, Corporation of Madras (the Assistant Health Officers) and the persons under their control hither to called as "Food Inspectors" (and the Sanitary Inspectors);

(*b*) In the case of a municipality having a Municipal Health Officer, the Municipal Health Officer and the Sanitary Inspectors under his control;

(*c*) In the case of a municipality not having a Municipal Health Officer, the Commissioner of the Municipality and the Sanitary Inspectors under his control;

(*d*) In the case of a panchayat or township having a Health Officer in its employ, the Health Officer and in other cases the Sanitary Inspector concerned;

(*e*) In the case of panchayat or a township not having a Health Officer, or a Sanitary Inspector in its employ, the Executive Officer of the Panchayat or the Township if he had acted as Food Inspector prior to 1st June 1959 or the Health Inspector concerned;

(*f*) In the case of a cantonment, the Sanitary Inspector or Sanitary Inspectors of the Cantonment, as the case may be;

(*g*) In the case of any area in a district not comprised within the jurisdiction of a municipality or a panchayat or township or cantonment the Health Inspector of the Range concerned;

(*h*) In the Wellington Contonment Board, the Assistant Health Officer of Wellington Contonment Board; and

(*i*) In the case of a local body not having a Health Officer or an Sanitary Inspector in its employ or the Executive Officer concerned not having acted as Flood Inspector prior to 1st June 1955 the Health Inspectors of the Primary Health Centres having jurisdiction over the local area concerned, *till* such time as Sanitary Inspectors are appointed by the local body concerned.

(G.O. No. 82, Health, dated 10th January 1956,
G.O. No. 1137, Health, dated 31st March 1956,
G.O. Ms. No. 1382, Health, dated 31st May 1961,
G.O. No. 1367, Health, dated 29th April 1958,
G.O. (Ms.) No. 2625, Health, dated 29th November 1962 and
G.O. Ms. No. 2344, Health, dated 9th November 1964).

(2) All District Health Officers have been appointed as Food Inspectors by the State Government.

(G.O. Ms. No. 1309, Health, dated 10th May 1963).

NOTIFICATION.

In exercise of the powers conferred by sub-section (1) of section 9 of the Prevention of Food Adulteration Act, 1954 (Central Act 37 of 1954), the Governor of Tamil Nadu hereby appoints all District Health Officers as Food Inspectors for the purpose of the said Act with effect from the date of issue of this notification in the Fort St. George Gazette and they shall have jurisdiction within the local areas in respect of which they hold office.

(G.O. Ms. No. 1309, Health, dated 10th May 1963).

208. **Diet Articles and medicines.**—*Analysis of.*—Medical Officers in charge of Government Hospitals and dispensaries and other Government Departments are to send for analysts occasional samples of diet articles (e.g. ghee, milk, bread, butter, rice, gingelly oil, etc.) likely to be adulterated This test checking may be extended to drugs supplied by firms and hospitals stock miztures prepared by the pharmacists in the hospitals.

209. **Deleted.**

210. **Instructions for sending samples.**—Detailed instructions regarding sampling under the Prevention of Food Adulteration Act are given in the Memorandum of Instructions for officers working in the Prevention of Adulteration Act, The following instructions are however, issued for the guidance of medical officers in sending samples to the Government Analyst for analysis:—

(i) A covering letter for the samples sent for analysis should contain a specimen impression of the seal used to seal the samples besides full particulars regarding the samples sent. No sample should be sent without a covering letter.

(ii) The quantities to be sent for analysis are one loaf of bread, 22 ml. of milk, 150 grams of ghee and butter, 125 grams of oils, tea, coffee, rice, pulses, flours, etc.

(*iii*) Samples of foods which are liquids such as milk, oils, etc., should be sent in narrow mouthed bottles. Solids and semi solids (coffee, ghee, butter, etc.) should be sent in wide method bottles. Bread should be sent loosely packed in brown paper. Butter samples should always be sent in bottles not in paper packets.

(iv) Full details regarding the nature, name of hospital, serial number and date should be furnished on the label of the container of each sample.

(v) Milk samples should be preserved with formalin to prevent their decomposition in transit. The quantity to be added is 0.1 ml. of 40 per cent formaldehyde solution, for every 25 ml. of milk.

(vi) When two or more samples of same diet articles are sent they should be given distinguishing letters or numbers.

(vii) In the case of medicines, the following quantities should be sent tablets 50 Nos. liquid preparations—220 ml.; stock mixtures—200 ml.

(viii) Full particulars regarding the composition of drugs and stock mixtures sent should be given on the label of the container as well as in the covering letter.

CHAPTER X.

MEDICAL EDUCATION.

Section 1—Medical Colleges.

211. **Medical Colleges in the State of Tamil Nadu.**—(1) There are nine medical colleges in Tamil Nadu. Of these, the following eight medical colleges are maintained by the State Government:—

1. Madras Medical College, Madras-3.
2. Stanley Medical College, Madras-1.
3. Kilpauk Medical College, Madras-10.
4. Chingleput Medical College, Chingleput.
5. Thanjavur Medical College, Thanjavur.
6. Coimbatore Medical College, Coimbatore.
7. Madurai Medical College, Madurai.
8. Tirunelveli Medical College, Tirunelveli.

The remaining one medical college, viz., Christian Medical College at Vellore, North Arcot District is under the management of the private body.

(2) Out of the nine medical colleges, the two medical colleges, viz., Madurai Medical College Madurai and Tirunelveli Medical College, Tirunelveli are affiliated to the Madurai University and the remaining seven medical colleges referred to in sub-paragraph (1) above are affiliated to the Madras University.

(3) **Omit.**

(4) The management of each Government college is vested in the Dean or the Principal of the colleges concerned who is assisted on academic matters by a Consultative Council subject to the general control of the Director of Medical Education.

212. **Course of study.**—All the medical colleges train students for the M.B.B.S. degree course of the respective Universities.

The degree course in B.D.S. and B.Pharmacy are conducted in Madras Medical College, Madras and Madurai Medical College, Madurai respectively.

In addition, the following Post-Graduate degree/Diploma courses are conducted in the Medical Colleges and their attached hospitals noted against each:—

Madras Medical College. (1)	Stanley Medical College. (2)	Madurai Medical College. (3)
1. M.D. (General Medicine)	1. M.D.(General Medicine).	1. M.D. (General Mediicine)
2. M.D. (Obstetrics and Gynaecology).	2. M.D. (Obstetrics and Gynaecology).	2. M.D. (Obstetrics and Gynaecology).
3. M.D. (Pharmacology).	3. M.D. (Pharmacology).	3. M.D. (Pharmacology).
4. M.D. (Physiology).	4. M.D. (Physiology).	4. M.D. (Physiology).
5. M.D. (Pathology).	5. M.S. (General Surgery).	5. M.D. (Pathology).
6. M.D. (Microbiology).	6. M.S. (Anatomy.)	6. M.D. (Microbiology).
7. M.D. (Paediatrics).		7. M.D. (Paediatrics).
8. M.D. (Anaesthesiology).		8. M.D.(Anaesthesiology).
9. M.D. (Radiodiagnosis).		9. M.D. (Forensic Medicine)
10. M.D. (Radiotherapy).		10. M.S. (General Surgery).
11. M.D. (Venereology).		11. M.S. (Anatomy).
12. M.D. (Dermatology).		12. M.S. (Orthopaedics).
13. M.D. (Bio-Chemistry).		13. M.S. (Ophthalmology).
14. M.S. (General Surgery).		14. M.S. (Oto-Rhino-Laryngology.)
15. M.S. (Anatomy).		
16. M.S. (Orthopaedics).		
17. M.S. (Ophthalmology).		
18. M.S. (Oto Rhino-Laryngo logy.)		

HIGHER SPECIALITIES.

Madras Medical College—

1 M.Ch. (Neuro Surgery).
2 M. Ch. (Paediatric Surgery.)
3 M.Ch. (Thoracic Surgery).
4 M.Ch. (Plastic Surgery).
5 M.Ch. (Genito Urinary Surgery).
6 D.M. (Neurology).
7 D.M. (Cardiology).
8 M.D.S. (Oral Surgery).
9 M.D.S. (Periodontia).
10 M.D.S. (Operative Dentistry).
11 B.S.Sc., & L.P.H.
12 B.Sc. (Nursing)
13 M.A. (Criminology and Forensic Science).

Madurai Medical College—

1 M.Ch. (Neuro-Surgery).
2 M.Ch. (Paediatric Surgery).

POST-GRADUATE DIPLOMAS.

Madras Medical College—

1 D.G.O.
2 D.C.H.
3 D.A.
4 D.M.R.D.
5 D.O.
6 D. Ortho.
7 D.L.O.
8 D.P.M.
9 D.C.P.
10 D.V.
11 D.D.
12 D.M.R.T.
13 D.C.F.S.

Stanley Medical College—

1 D.G.O.
2 D.C.H.
3 D.A.
4 D.M.R.D.

Madurai Medical College—

1 D.G.O.
2 D.C.H.
3 D.A.
4 D.M.R.D.
5 D.O.
6 D.Ortho.
7 D.L.O.
8 D.P.M.

Section 2—Special Training and Post-Graduate Courses.

213. **King Institute, Guindy.**—Recognised as a teaching institution for M.D. degree in Bacteriology.—(1) The King Institute, Guindy, is treated as a training centre for the M.D. degree in Bacteriology—Branch III-B Bacteriology (Main) and Pathology. (Subsidiary) The period of training will be two years, one year in the King Institute, Guindy and another year in the Pathology and Bacteriology departments of the Madras Medical College, Madras. The fee to be levied for the entire course will be Rs. 500. The number of candidates to be selected for the training will be three in a year. The entire fee collected in this behalf should be credited to the Government.

(2) The fee for the course for candidates from other States and abroad will be 50 per cent above the fees mentioned in sub-paragraph (1) above.

(3) The cost of breakages of instruments, if any, should be recovered from the candidates.

(G.O. No. 1123, Public Health, dated 7th April 1948.)

214. **Post-Graduate Courses of training in Special subjects.**—(1) There are two categories of post-graduate courses in operation at present in the Government Medical College in the State. The post-graduate courses coming under the first category are intended only for candidates who desire to obtain a practical working knowledge in the diagnosis and treatment in the speciality but do not qualify for any examination for the award of any diploma or certificate. The admission of candidates to this category of post graduate courses shall be regulated by the following orders :—

(i) The minimum period of training for all post graduate courses in special subjects shall be three months, while the maximum period may be one year, the actual period of training being left to the option of the candidate. If a candidate desires to undergo the training for a further period, the period of extension should be in multiples of three months.

(ii) With a view to encourage all medical practitioners (whether they belong to this State or not) to get themselves acquinted with the modern methods of treatment of patients suffering from venereal diseases, no fee will be levied from candidates undergoing the post-graduate course of training in venereal diseases in Government Medical Institutions in the State of Tamil Nadu; this concession of free training in venereal diseases is temporary and is liable to be withdrawn at any time at the discretion of the State Government.

(iii) Practical training at the King Institute, Guindy, and the Chemical Examiners Laboratory is given to the students of the Victoria Technical Institute, Bombay, for a total period of six months provided that the training is given to Government scholarship students free of charge and to other students on payment of the prescribed fees.

(G.O. No. 771, Public Health, dated 2nd April 1930.)

(iv) Medical graduates trained in the Chemical Examiner's department shall pay a fee of Rs. 675 for the entire period of their training of six months.

(v) (*a*) Medical graduates or licentiates who wish to undergo a short course of training in diagnostic radiology X-ray and radium therapy will be required to pay fee at the rate of Rs. 180 per mensem or Rs. 540 per quarter.

(*b*) Non-medical men and women who wish to undergo short training in X-ray and dark room work will have to pay a fee of Rs. 90 per mensem or Rs. 270 per quarter.

(vi) The fee for all other post-graduate courses in special subjects mentioned in the schedule below shall be Rs. 150 per quarter.

(2) The second category of post-graduate course is mainly intended for those who desire to qualify for higher diplomas and degrees of certain Universities or for those who desire to conduct a research leading to a scientific discovery. The following rates of fees shall be levied for these Post graduate couses :

(i) An uniform fee at the rate of Rs. 120 per annum for a course of one year shall be charged in respect of those who desire to do research work in Government Medical Colleges in the State and the attached teaching institutions including King Institute, Guindy, and for purpose of admission to higher post-graduate diploma or degree courses.

(ii) The period of such training should never be less than six months and for any courses less than one year a proportionate fee at the rate of Rs. 30 per quarter shall be levied. Any extension of the course of training beyond six months shall be in multiples of a quarter, the fee being charged at the rate of Rs. 30 per quarter.

* (3) The Director of Medical Education is authorised to permit candidates to undergo the two kinds of training referred to in sub-paragraphs (1) and (2) above subject to the following conditions : –

(i) The suitable refundable deposits are taken from the candidates concerned prior to the commencement of the courses, to cover the cost of broken equipment, etc.

(ii) that the fee prescribed should be credited to Government in full unless otherwise indicated.

(4) A list of post-graduate courses leading to the award of degrees, diplomas or certificates in the speciality concerned conducted in the Medical Colleges and their attached hospitals is given in paragraph 212 and a list of other post-graduate courses in special subjects, referred to in sub-paragraph (1) above, is given in the schedule below :—

(G.O. No. 2197, Health, dated 20th June 1951.)
(G.O. No. 1831, Health, dated 13th May 1953.)

SCHEDULE.

Serial number and name of the post graduate course.	Name of the Institution.
(1)	(2)
1 E.N.T. Diseases (6 months)	Government General Hospital, Madras.
2 Dentistry (6 months)	Do.
3 Clinical Medicine (3 months)	Do.
4 Clinical Surgery (3 months)	Do.
5 Venereal diseases—	
*(a) Special Course for training Medical Officers who are to be placed incharge of venereal clinics (6 months).	
(*b*) Routine treatment of venereal diseases (3 months).	Do .

Serial number and name of the post graduate course.	Name of the Institution.
(1)	(2)
6 Anaesthesiology (3 months)	Government General Hospital, Madras.
7 Orthopaedic and treatment of fracture (2 months)	Do.
8 Dermatology (3 months)	Do.
9 *Deleted*	
10 Post-graduate courses—	
(*a*) Clinical medicine	Government Stanley Hospital, Madras.
(*b*) Clinical surgery	Do.
11 Venereal diseases— (*a*) Specialist course for training Medical Officers who are placed incharge of venereal clinics (6 months).	Do.
(*b*) Routine treatment of veneral diseases (3 months)	Do.
12 Deleted.	
13 Midwifery..	Government Raja Sir Ramaswami Mudaliar's Lying-in Hospital, Madras.
14 Do.	Government Hospital for Women and Children, Madras.
15 Tuberculosis	Tuberculosis Institute, Madras.
16 Water analysis	King Institute, Guindy.
17 Vaccination	King Institute, Guindy.
18 Food analysis	Do.
19 Practical training	Do.
20 Combined clinical Pathology and Bacteriology (for both courses).	Do.
21 Tissues examination	Madras Medical College, Madras.
22 Practical anatomy	Do.
23 Bio-chemistry	Do.
24 Pathology	Do.
25 Physiology	Do.
26 Practical training	Chemical Examiner's Laboratory.
27 Short training in dignostic radiology and X-ray and radium therapy.	Barnard Institute of Radiology Goverment General Hospital, Madras.
28 Short training in X-ray and dark room work ..	Barnard Institute of Radiology, Government General Hospital, Madras.

(G.O. No. 145, Health, dated 12th January 1951 and
G.O. No. 2167, Health, dated 20th January 1951,
Government Memorandum No. 2188-Q51-3, Health, dated 27th October 1951.
G.O. No. 3428, Health, dated 31st October 1951
Government Memorandum No. 2661-Q52-2, Health, dated 13th February 1952 and
G.O. No. 608, Health, dated 26th February 1952.)

215. *DELETED.*

216. Research work.—Research student or Fellows of the University of Madras and Nominees of the Indian Research Fund will be permitted to do research work in the Government Medical Colleges and their attached hospitals and the King Institute, Guindy, by the Director of Medical Education subject to the following conditions—

(1) that no fee will be charged from the candidates, while undergoing courses of research in Government Medical Colleges and the attached hospitals, and the King Institute, Guindy;

(2) that the entire cost of breakages, if any, of the instruments is recovered from such Student or Follows or Nominees;

(3) that each such Research Student or Fellow or Nominee deposits a sum of Rs. 20 to be returned to him ultimately after deducting the cost of breakages, if any; and

(4) that, if during the course of research, such student or Fellow or Nominees is trained in any subjects for training in which fees are leviable under the orders of Government such fees are levied.

(G.O. No. 47, Public Health, dated 8th January 1955.
G.O. No. 1368, Public Health, dated 24th April 1947 and
G.O. Ms. No. 230, Health, dated 19th Janaury 1953.)

217. Deputation of Government officers to authorised courses of training.—A list of authorised courses of, instruction or training to which Government Medical Officers may be deputed on duty and the autorities competent to sanction their deputation are given in Annexure I (under Medical and Public Health) to the Fundamental Rules. The conditions under which a medical officer is deputed are governed by the orders of Government in each case.

218. Medical Diploma Examinations.—Distribution of fees among examiners, etc.—The fees collected from candidates appearing for the Medical Diploma examinations conducted by Government should be distributed among the examiners, etc., in the following proportions :—

Government's share	Eleven per cent.
Chairman's share	Three per cent.
Deputy Chairman's share	Three per cent
Chairman's Office	Four per cent.
Deputy Chairman's Office	Six per cent.
Skilled Assistants and Superintendent.	Seven per cent.
Towards stationery	Three per cent.
For examiners, paper setters, etc.	Sixtry-three per cent.

(G.O. Ms. No. 1933, Health, dated 16th December 1957.)

ANNEXURE.

(*Vide* Paragraph 212).

Deleted.

CHAPTER—XI.

LANGUAGE TESTS AND OTHER DEPARTMENTAL EXAMINATIONS.

Section 1—General (Language Test).

219. No person shall be eligible for appointment to any service either by Direct recruitment or by recruitment by transfer or by promotion unless he has an adequate knowledge of the official language of the State, namely, Tamil:

[Rule 12(f) of the General Rule of the Tamil Nadu State and Subordinate Ssrvices.]

Provided that the Tamil Nadu Public Service Commission or the appointing authority concerned shall not insist that a candidate who applies for appointment to a post in State Services should possess an adequate knowledge of Tamil at the time of his/her recruitment;

Provided also that the candidate who do not possess an adequate knowledge of Tamil at the time of their recruitment shall be required to pass the Second Class Language Test in Tamil (Full Test) within a maximum period of 4 years from the date of their appointment. The passing of the test shall be one of the conditions for satisfactory completion of probation and their probation period shall be extended upto that period if they do not pass the test within the period of probation :

Provided also that the persons appointed without adequate knowledge of Tamil at the time of recruitment and has not passed the Second Class Language Test in Tamil within a period of four years from the date of appointment shall, notwithstanding anything to the contrary in the Fundamental Rules, be granted increments up to four years from the date of appointment if, but for not passing the Second Class Language Test their probation could have been declared as completed.

[Government Memorandum No. 4866-69, B, Public (Services-C) Department, dated 20th May 1970.]

[Government Memorandum No. 51999/73-3, (Public Services)-A, Department, dated 7th December 1973.]

Section 2—Departmental examinations for Lay Secretaries and Treasuries.

219. (A). (i) Account Test for Executive Officers.—A probationary Lay Secretary and Treasurer shall, if he has not a lready passed the Account Test for Executive Officers or the Account Test for Subordinate officers, Parts I and II, pass either of the tests within the period of his probation failing which his services are liable to be terminated.

(ii) Departmental test in Tamil Nadu Medical Code.—Every person appointed to the post of Lay Secretary and Treasurer, Grade I or Grade II, and who is already in services shall, within a period of four years on and from the 1st January 1960, pass the Departmental Test in the Tamill Nadu Medical Code, failing which his increment in the time scale of pay applicable to him shall be postponed without cumulative effect till he passes the said test :

Provided that a person who is 45 years of age or above on the 1st January 1960, shall not be required to pass the Test.

Every person appointed to the post referred to above either by promotion or by direct recruitment or by transfer from any other class or category, as the case may be, shall also pass the said Departmental Test within four years from the date of his appointment to the post, failing which his increment in the time-scale of pay applicable to him shall be postponed without cumulative effect till he passes the said Test.

(Rule 8 under class XXI of the Special Rules for Tamil Nadu General Service.)

Section 3—Departmental Examinations prescribed for members of the Tamil Nadu Medical Services.

220. (1) **Departmental Test in Tamil Nadu Medical Code.**—The following categories of officers in services on 1st January 1960 shall pass the Departmental Test in the Tamil Nadu Medical Code, within a period of four years on and from the 1st January 1960, failing which their increments in the time-scale of pay shall be postponed without cumulative effect, till they pass the said test :—

Assistant Surgeons (including Clinical and Non-Clinical Lecturers, Clinical and Non-Clinical Tutors or Assistants and Selection category Assistant Surgeons).

Civil Surgeons (including Clinical and Non-Clinical Readers and Civil Surgeons in Tuberculosis Institutions).

Assistant Dental Surgeons.

Dieticians in Government Hospitals.

Non-Medical Tutors in Biochemistry, Microbiology, Physiology, Anatomy and Pharmacology.

Every person appointed to any of the above posts by direct recruitment after 1st January 1960 shall also pass the Departmental Test in the Tamil Nadu Medical Code within a period of four years, from the date of his appointment to the said post, failing which his increment in the time-scale of pay shall be postponed without cumulative effect, till he passes the said test :

Provided further that a person who was first appointed to any of the posts in the above categories on temporary basis and whose temporary services in that category is regularised subsequently with restrospective effect by an order issued on or after the 1st January 1960, shall pass the test within the prescribed period from the date of the said order regularising his services failing which his increment in the time scale of pay shall be postponed without cumulative effect till he passes the said test :

Provided that a person in service who is 45 years of age or above on the 1st January 1960, shall not be required to pass the test :

Provided further that the grant of advance increment to persons acquiring post graduate degrees or post-graduate diplomas in any of the Medical subjects shall not be postponed.

[Rule 10 Sub-rule (c) of the Special Rules for the Tamil Nadu Medical Service.]

(2) **Account Test for Executive Officers.**—Directly recruited probationers in the posts mentioned in the sub-rule (1) above shall within a period of their probation, pass the Account Test for Executive Officers.

Provided that in the case of a person directly recuited in the category of Assistant Surgeon, Assistant Dental Surgeons and Assistant Reader in Dental Surgey who does not pass the Account Test for Executive Officers within the period of his probation, may be declared to have satisfactorily completed his probation in that category if he is found otherwise suitable, but his, increment in the time-scale of pay applicable to him shall be stopped without cumulative effect, till he has passed the test:

Provided further that in the case of a person who was first appointed as an Assistant Surgeon on a temporaty basis and whose temporary service in that category is regularised subsequently with retrospective effect by an order of the State Government issued on or after the 8th December 1949 he may be declared to have satisfactorily completed his probation if he is found otherwise suitable and he shall pass the Account Test for Executive Officers within a period of two years from the date of the order regularising his appointment failing which his inerement in the time-scale applicable to him shall be stopped without cumulative effect till he has passed the test;

Provided also that any such person referred to in the above provide so shall not be entitled to appointment as a full members unless and untill he passes the test and shall be discharged from service if he does not pass the test within a period of five years from the date of first appointment in case of direct recruitment who joined duty after his regular appointment was ordered.and within a period of five years from the date of the order regularising his appointment in the case of a person whose appointment was regularised with retrospective effect.

[Rule 10(a) of the Special Rules for the Tamil Nadu Medical Service.]

Section 4—Departmental Examination prescribed for the members of the Tamil Nadu Ministerial Services in Medical Department.

221. (1) No member of Tamil Nadu Ministerial Service in the Medical Department, shall be eligible for promotion to any of the posts, i.e. Superintendents in the Officers of the Director of Health Services and Family Planning and Director of Medical Education and Assistants, other than Examiners in the Office of the Director of Health Services and Family Planning (including Cash Keeper and Tour Clerk to the Director of Health Services and Family Planning and Director of Medical Education) Head Steward, Managers, Office Superintendents, etc., in the City and Mufassal Medical Institutions, Accountants and Assistant Lay Secretaries in City and Mufassals Medical Institutions on Rs. 350—15—425—25—600, Assistant, Medical Store-keepers (non-technical), Cashiers, Accounts Head Stewards, Head Clerks, Linen Keeper, Provision Stores Keepers, Hospital Stoppage Clerks, etc., in the City and Mufassal institutions on Rs. 250—10—300—15—450 unless and uhtil he/she passes the Accountant Test for Subordinate Officers, Part I, Departmental Test in the Medical Code and Special Test in District Office Manual:

Provided also that a member of the service in the Medical Departmental (a) who has attained the age of 45 years on the 1st June 1960 shall not be required to pass the Departmental Test in the Tamil Nadu Medical Code; and

(*b*) who has not attained the age of 45 years on the said date and who has not passed the said test may be appointed to officiate in or hold temporarily any of the posts referred to above upto 1st June 1964 but such members shall pass the said test within the 31st May 1964 or within the prescribed period of probation or where no probation is prescribed, with two years from the date of appointment, whichever is later, failing which he shall forthwith be reverted to the lower division ;

[Rule30(b) of the Special Rules for the Tamil Nadu Ministerial Service.]

Provided also that a members of the service in the Medical Department—

(*a*) who has attained the age of 45 years on the 11th January 1971, shall not be required to pass the Special Test on District Office Manual; and

(*b*) who has not attained the age of 45 years on the said date and holding the post of Assistant and above may be appointed to officiate in that post, if he is otherwise eligible for such appointment before passing the Special Test on District Office Manual, but if such person fails to pass the said test within two years from the 11th January 1971, he shall not be eligible to draw increments in the time-scale of pay applicable to the post until he passes the said test. Such in eligiblity to draw increments shall not have the effect of postponing his future increments after he has passed the test.

[G.O. Ms. No. 954, Public (Services-D) Department, dated 6th April 1972.]

(2) Every person appointed to the post of Junior Assistant in the Medical Department, whether by direct recruitment or recruitment by transfer from another service, as the case may be shall pass the Departmental Test in Tamil Nadu Medical Code within the prescribed period of probation if appointed on or after the 1st September 1964, and within two years from the 1st September 1964, if appointed prior to that date.

(Rule 54 of the Special Rules for the Tamil Nadu Ministerial Service.)

(3) A person appointed to the post of Junior Assistant to the Medical Department on or after 1st September 1964, who fails to pass the Departmental Test in the Tamil Nadu Medical Code as required by sub-rule (2) above shall not be eligible to draw any increments in the time scale of pay of he post untill he passes the said test, but such ineligibility to draw increments shall not have the effect of postponing his future increments after he has passed the said test ;

(4) A person who has passed the Account Test for Subordinate Officers, Part I and been appointed as an Assistant in the Medical Department by transfer from any other service on or after the 1st September 1964 shall pass the Departmental Test in the Tamil Nadu Medical Code within two years from the date of such appointment. If he fails to pass the said test, he shall not be eligible to draw increments in the time-scale of pay of the post or for appointment as full member until he passes the said test; such ineligibility to draw increment shall not have the effect of postponing his future increments after he has passed the said test.

[Sub rule (b) of rule34 of the Special Rules for the Tamil Nadu Ministerial Service.]

222. Nursing Assistants in the Tamil Nadu General Subordinate Service.— A person appointed as a Nursing Assistant either in Grade I, by direct recruitment of by recruitment by transfer in Grade II shall, within the period of his probation, undergo training for a period of not **less than** one year and pass the departmental examination held on the conclusion of such training:

Provided that a person who has rendered War service as Nursing Assistant in connection with the war of 1939-46 shall, if appointed to the service, be exeempted from undergoing training as Nursing Assistant in Civil Hospital if his War Service for a priod of not less than two years and if it was less than two years, one half of the period of the War service rendered by him shall be taken to count against the period of training to be undergone:

Provided further that every person, irrespective of the period of his War service shall pass the departmental examination, failing which he will not be granted increments or be confirmed in the post of Nursing Assistant.

(Rule 6 of the Special rules relating to the Tamil Nadu General Subordinate Service under Class XXIII, Medical Department.)

223. Theatre Assistant in the Tamil Nadu Medical Subordinate Service.—Directly recruited Theatre Assistants shall, within the prescribed period of probation, undergo the training prescribed for Nursing Assistants and pass the eaxamination held at the end of the training.

(Rules 9 and 10 of the Special rules relating to the Tamil Nadu Medical Subordinate Service under Branch I—Medical.)

CHAPTER XII.

NON-MEDICAL ESTABLISHMENTS—COURSES OF TRAINING.

Section 1—General.

224. Courses of training.—(1) The Medical Department gives training to the following classes of personnel in recognised medical institutions in the State;—

(i) Nurses.

(ii) Auxiliary Nurse Midwife.

(iii) Pharmacist.

(iv) Radiographer.

(v) Laboratory Technician, Grades I and II.

(vi) Nursing Assistant.

Note.—In addition to the training courses, mentioned above the B.Sc. degree course in Nursing has also been instituted at Madras Medical College. For details regarding this course, *see* section 3 of this Chapter.

(2) The rules laid down for every course of training usually comprise the following:—

(*a*) prospectus and rules for admission and training of candidates;

(*b*) text-books and syllabus for giving instructions; and

(*c*) conduct of examinations.

Section 2—Training of Nurse Pupils and Physiotherapists.

225. Rules regarding training of Nurses in Government Hospitals.—(1) Qualified and suitable female candidates ~~are admitted for the training by~~ regional committees appointed by the State Government for the purpose. Candidates who fail the entrance examination in the first attempt will be allowed to continue their training for a further period of one month. The re-examination will be held at the end of the month. If they fail even in the second attempt then they will be terminated forthwith. If found to be satisfactory and medically fit to continue the course of training, they will be required to sign an agreement to remain in the service of the Government for a minimum period of three years from the date of admission and to serve the contract period of three years thereafter if so required by the Government.

(2) The course of training is for a period of 3 years as detailed below—

Class of pupils.	General sick nursing.	Gynaecology and Obstetrics.
(1)	(2)	(3)
Women pupils.	3 years.	6 months.

(3) After undergoing the course of training and passing the final examination, qualified candidates should serve the Government in a Hospital as a nurse for a period of three years if so required by Government. For detailed rules regarding the training of nurses in Government Hospitals in the State of Tamil Nadu, *see* Appendix VIII.

226. Stipends, ration and other allowances during the period of transit.—Nurse pupils who are trained at the expense of Government on first appointment as nurse have to serve the Government for a period of three years. They are paid pay and other allowances as admissible.

(G.O. No. 1568, Health, dated 1st October 1960.)

NOTE.—This rule will apply not only to the first appointment after examination but also to all subsequent transfers during the compulsory period of service.

(G.O. No. 758, Public Health, dated 20th March 1934.)

227. Travelling Allowance for nurse pupils.—Nurse pupil, Maternity Assistants and Pupil Auxiliary Nurse Midwives, trained on behalf of the Government at the Government hospitals may draw a single second class railway fare plus a daily allowances of Rs. 1.25 for their journey to and from Madras and in the case of Pupil Auxiliary Nurse Midwives to and from Madurai also to attend the first or the second part of the Board Examination for the first or second time. No travelling allowance will be admissible to those pupils who appear for either part of the examination for the third time.

Nurse pupils under training in Government Medical Institutions may also draw a single-second class railway fare plus a daily allowance of Rs. 1.25 for their journery by rail on their transfer from one training institution to another to complete the prescribed course of training or to join their first appointment as staff nurses to complete their compulsory period of service in accordance with the terms of their agreement.

Halting allowance, is in admissible for the period of stay in Madras or Madurai in connection with the examination. In the case of pupils trained on behalf of local bodies, the travelling allowance should be borne by the local bodies concerned.

(*Vide* Note 1 to rule 88 of the Tamil Nadu Travelling Allowance Rules.)

228. Advance travelling allowances to nurse pupils for their journeys.—Under artilce 239 (b) (iii) of the Tamil Nadu Financial Code, Volume I, advance of travelling allowance may be paid to nurse pupils for their journeys—

(1) in connection with their transfer from one training institution to another to complete the prescribed course of training.

(2) for attending their examinations, and

(3) for joining their first appointment as staff nurses to complete their compulsory period fo service in accordance with the terms of their agreement.

(G.O. Ms. No. 958, dated, P.H., 14th March 1942.)

229. Regional Committees for selection of nurse pupils.—Regional committees for the recruitment of candidates (women) have been constituted as shown below—

Serial number and place of meeting of the committees.	Members of the committees.	Remarks.
(1)	(2)	(3)
1. Madras (to select candidates to be traineed at Government General Hospital, Government Stanley Hospital, Kasturba Gandhi Hospital).	Superintendent, General Hospital, Madras (President).	
	Nursing Superintendent of the City Hospitals by turn.	
	Nursing Tutor of the City Hospitals by turn.	
	One non-official members residing at Madras, to be selected by the Government.	
2. Madurai (to select candidates to be trained at Thanjavur Medical College Hospital, Erskine Hospital, Coimbatore Medical College Hospital).	Dean, Erskine Hospital, Madurai (President).	
	Nursing Superintendent of these hospitals by turn.	
	One non-official member residing at Madurai to be selected by the Government.	
	One Nursing Tutor of these Hospitals by turn.	

(G.Os. No. 1727, Public Health, dated 26th April 1940, No. 3165, Public Health, dated 7th November 1949 and G.O. Ms. No. 4220, Public Health, dated 29th November 1949.)

229-A.—(i) **Rules regarding training of Physiotherapists in the Government General Hospital Madras.**—Qualified and suitable candidates are admitted for the training. A Pupil Physiotherapist should appear for the first Board Examination held after about 16 months training and for the final examination on compeltion of a further period of 18 months training subsequent to passing the first part of the examination and three years training in all. In case of failure to pass the first Board Examination, the Pupil Physiotherapist will be remanded for a period of three months and permitted to appear for a supplementary examination in the failed subject to be held after three months. The Pupil Physiotherapist will be required to serve the Government for three years on appointment as Physiotherapist.

(ii) The course of training is for a period of three years as detailed below—

First year—Subject—

1. Anatomy.
2. Physiology.
3. Physics.

Final year—Subject—

1. Technique of massage of movement.
2. Technique of Electrotherapy.

(iii) **Stipend of Pupil Physiotherapist.**

During the period of training the pupil Physiotherapist are paid fixed stipend as follows:—

I Year	.. Rs. 100 per mensem.
II Year	.. Rs. 105 per mensem.
III Year	.. Rs. 110 per mensem.
Two months Internship	.. Rs. 120 per mensem.

(G.O. Ms. No. 2347, Health, dated 3rd April 1972.)

Section 3—B.Sc. Degree Course in Nursing.

230. **Objectives of the Course.**—The B.Sc. Degree course in Nursing is held in the Madras Medical College, Madras. This course is open to Nurses, Head Nurses Nursing Tutors who are eligible to undergo the training course leading to the B.Sc. Degree in Nursing. The purposes for which this course is started is to provide opportunities for nursing staff to get better general and professional education which will equip them to render better patient care and health service to individuals and families to conduct educational programme in schools of Nursing more efficiently and to assure leadership in the field of Nursing.

231. **Admission and training of candidates in the B.Sc.**—Rules regarding the admission and training of candidates in the B.Sc. Degree course in Nursing at the Madras Medical College, Madras are given in Part I of Appendix IX.

232. **Outline of the course.**—The course will be of 2½ years duration commencing from July of every year.

233. **Outline of the course.**—The detailed syllabus for the course is given in Part II of Appendix IX.

(G.O. Ms. No. 1009, Health, dated 23rd June 1967.)

Section 4—Training of Auxiliary Nurse Midwife.

234. **Class of Auxiliary Nurse Midwife and rules for their training.**—There are two classes of Auxiliary Nurse Midwife undergoing training namely, (1) nurse pupils undergoing midwifery training as part of their 3½ years' course (2) Auxiliary Nurse idwifery pupils undergoing training as part of their two years course. The above two classes of midwifery pupils are trained only at the Government Hospital for Women and Children, Madras, Kasturba Gandhi Hospital for Women and Children, Madras, Raja Sir Ramaswamy Mudaliar's Lying-in-Hospital, Madras, Government Erskine Hospital, Madurai and R.M. Hospital, Thanjavur. There are several training centres in this State for the training of Auxiliary Nurse Midiwfe in the regional langagesu of the State. The rules for admission and training of Auxiliary Nurse Midwife are detailed in Appendix X.

(G.O. Ms. No. 593, Health, dated 18th June 1971).

235. **Travelling Allowance for Midwifery Pupils.**—Midwifery pupils trained on behalf of Government at recognised Government Hospitals may draw travelling allowance at one singly IInd class railway fare plus a daily allowance of Rs. 1.25 for their journeys by rail from their training centres to the Madras City and Madurai and back for attending the Board Examination, for the first or a second time. No travelling allowance will be admissible in the case of Midwifery pupils to appear for the Board Examination for the third time.

(G.O.Ms. No. 4109, P.H., dated 4th December 1948 and G.O. No. 3012, P.H., dated 28th August 1950).

Note.—In the case of pupils trained on behalf of local bodies, travelling allowance at the above rates shall be paid by the local bodies concerned.

(G.O. No. 2741, Health, dated 5th August 1953.)

SECTION 5—TRAINING OF PHARMACISTS.

236. **Deleted.**

237. **Rules for training and conduct of qualifying Examinations for the Pupil Pharmacists.**—The rules (i) for the training of Pharmacist in Government Medical Institutions and (ii) for the conduct of qualifying examination are embodied in Appendix XI to the Code.

SECTION 6—TRAINING OF RADIOGRAPHERS.

238. **Rules for Training in C.R.A. Course.**—The rules for the training in C.R.A. (Certified Radiological Assistant's) course are given in Appendix XII to this Code.

SECTION 7—TRAINING OF LABORATORY TECHNICIANS, GRADES I AND II.

239. (1) **Course of Training.**—(i) for Laboratory Technicians, Grade I, (ii) for Laboratory Technicians, Grade II and (iii) for the certificate of Laboratory Technology for private candidates with P.U.C. The Certificate of Laboratory Technology Course have been instituted by the State Government. The rules for the training course are given in Appendix XIII. No fee will be levied for this training from service candidates and stipendiary candidates. But fees is collected from private non-stipendiary candidates.

(2) The Director of Medical Education is empowered to depute person in Government Service for the Labortary Technicians, Grades I and II Courses. But no substitute will be appointed in the place of the candidates deputed for training.

Candidates deputed from Government service for the Laboratory Technicians, Grades I and II will be paid during the period of deputation, their normal pay and allowances that would have been admissible to them but for the deputation.

(G.O. Ms. No. 2017, Health, dated 10th September 1964,
G.O. Ms. No. 170, Health, dared 3rd February 1964,
G.O. Ms. No. 2318, Health, dated 17th November 1965,
G.O. Ms. No. 36, Health, dated 5th January 1959,
G.O. Ms. No. 390, Health, dated 20th February 1965,
G.O. Ms. No. 2163, Health, dated 13th June 1955,
G.O. Ms. No. 2087, Health, dated 2nd July 1958,
G.O. Ms. No. 823, Heaih, dated 15th April 1964,
G.O. Ms. No. 703, Health, dated 21st April 1966).

(3) The Government have anctioned the grant of stipends at the rate of Rs. 100 (Rupees one hundred only) per mensem and Rs. 80 (Rupees eighty only) per mensem respectively to each of the private candidate undergoing training in certificate of Laboratory Technology course and Grade II course. Candidates who are granted stipends will be required to give a undertaking to serve Government for a period of not less than five years after the completion of this training.

(G.O. Ms. No. 703, Health, dated 21st April 1966,
G.O. Ms. No. 390, Health, dated 20th February 1965,
G.O. Ms. No. 2163, Health, dated 13th June 1955.)

240. **Board Examinations.**—An examination will be held at the end of whole course in December every year both for Laboratory Technicians, Grade I and Laboratory Technicians, Grade II, and for the certified Laboratory Technician Course.

(2) The examination will be conducted for both the courses by a single Board of Examiners constituted as follows :—

King Institute, Guindy—

1. Professor of Bio-chemistry, Madras Medical College, Madras.
2. Professor of Pathology, Madras Medical College, Madras.
3. Professor of Microbiology, Madras Medical College, Madras.
4. One of the Assistant Directors or a Senior Assistant Surgeon in the King Institute, Guindy.

For other Centres, i.e., Madras Medical Colleges, Stanley Medical Colleges, Kilpauk Medical College, Madurai Medical College, Chingleput Medical College and Thanjavur Medical College and Professor of Pathology, Bio-chemistry and Microbiology in the respective colleges will be appointed as member of the Board of Examination in the concerned centres and the respective Principals of the Colleges will be appointed as Chairman of the Board of Examination.

SECTION 8—TRAINING OF NURSING ASSISTANTS.

241. (1) A person appointed as Nursing Assistant either in the I Grade by direct recruitment or by transfer or in the II Grade shall, within the prescribed period of the probation undergo training for a period of not less than one year and pass the departmental examination held on the conclusion of such training:

Provided that a persons who has rendered War Service as Nursing Assistant in connection with the War of 1939-46 shall, if appointed to the service, be exempted from undergoing training as Nursing Assistant in civil hospitals, if this War Service was for a period of not less than two years and if it was less than two years, one-half of the period of War Service rendered by him shall be taken into count against the period of training to be undergo.

Provided further that every person irrespective of the period of his War Service shall pass the departmental examination failing which he will not be granted increments or confirmed in the post of Nursing Assistant.

(Rule 6 of the rules under Class XXIII of the Tamil Nadu General Subordinate Service.)

(2) While under training the recruits will be counted against the sanctioned strength of nursing assistants in the hospital and will draw the minimum pay in the scale of pay sanctioned for qualified nursing assistants.

(G.O. No. 1121, Public Health, dated 7th May 1930.)

(3) The District Medical Officers are authorised—

(i) to depute nursing assistance employed in non-training centres to undergo the course of training prescribed in G.O. No. 1121, P.H., dated 7th May 1930, at the District Headquarters Hospitals or others recognised training centres in the district; and

(ii) to sanction the payment of travelling allowance to the nursing assistants so deputed and also to the substitued sent in their places from the training centres.

(G.O. No. 311, Public Health, dated 23rd January 1941).

242. The rules for the training of Nursing Assistants are given in Appendix XIV.

243. Training of candidates deputed by Local bodies for training as Nursing Assistants.—(1) In order to enable the local bodies to secure the services of qualified candidates for appointment as Nursing Assistants in the medical institutions under their control, the Government have permitted them to recruit suitable candidates for appointment as Nursing Assistants and depute them for training as Nursing Assistants at their cost in Government headquarters hospitals and other training centres.

(2) The training will be given subject to the following conditions:—

(i) Candidates selected and deputed by Panchayat Unions and Municipal Council only should be admitted for training.

(ii) Each candidate should be given a monthly stipend by the local body concerned at such rate as may be fixed from time to time.

(iii) Candidates selected should possess the minimum educational qualifications prescribed by Government for Nursing Assistants, Grade II, viz., a pass in the Eighth standrad. They should undergo training for a continuous period of one year in accordance with the prescribed syllabus and pass the examination at the end of the course of training.

(iv) During the period of training candidates should abide by the rules and regulations of the respective hospitals and work under the orders of the Superintendent of the hospital.

(v) Candidates should be deputed by Panchayat Unions and Municipal Councils only when there are permanent longs standing vacancies in the medical institutions under their control and when there is a prospect of providing the candidates with appointment soon after they complete the training and pass the examination. If for emergencies untrained persons are appointed in the interests of work, such appointments should be only on a purely temporary basis and the persons so appointed should be discharged after trained persons are available. Untrained persons appointed on a temporary basis should not be deputed for training as members of the Panchayat Union/ Municipal Services. With a view to avoid unnecessary etc. expenditure to local bodies by training superflous number of persons, the number of candidates to be trained for probable vacancies should be fixed in consultation with the District Medical Officer concerned every year.

(vi) The number of Government nursing assistants employed in the training centre will not in any case be affected by the number of persons deputed for training as Nursing assistants by local bodies.

(vii) Local bodies are authorised to incur expenditure on the payment of stipends to the candidates deputed by them for training as nursing assistants.

(3) The form of bond to be executed by stipendiaries deputed by local for undergoing training as nursing assistants in Government Headquarters Hospitals which has been commended to all Panchayat Unions and Municipal Councils for adoption is given in the annexure.

(G.O. No. 4639, Public Health, dated 23rd December 1938,
Government Memorandum No. 11419/45-1-D2, Public Health, dated 25th Apri 1945 and
G.O. No. 726, Public Health, dated 15th March 1944).

ANNEXURE.

BOND TO BE EXECUTED BY STIPENDIARIES OF PANCHAYAT UNIONS AND MUNICIPAL COUNCILS DEPUTED FOR UNDERGOING TRAINING AS NURSING ASSISTANTS IN A DISTRICT HEADQUARTERS HOSPITALS.

Know all men by these presents that we (1) (stipendiary of
(2) of and (3) of
(sureties) are hereby jointly and severally bound to the
Panchayat Union. the Municipal Council (hereinafter referred to as the Panchayat Union Council or to its certain attorney or attorneys to the extent of Rs. of lawful money of India to be paid to the Panchayat Union/Council or to its certain attorney or attorneys for which payment well and truly to be made we bind ourselves our heirs, executors, administrators and legal representatives and each of us binds himself/ herself/his/her heirs, executors, administrators and legal representatives firmly by these presents.

(2) Signed by us this day of 19

(3) Whereas the said (stipendiary) is desirous of qualifying himself/herself as male/female nursing Assistant by undergoing the practical training in the Government Headquarters Hospital, and passing the prescribed examination at the end of such training.

(4) And whereas the said (Stipendiary) has applied for the award to him/her of a stipend to enable him/her to pursue his/her training in the Government Headquarters Hospital

(5) An whereas the said (Stipendiary) has been granted a stipend of Rs. per mensem from for the full course of training for one year in the said Government Headquarters Hospital and any extensions thereof, if any, under the subject to the rules and condi ions laid down by the Government of Tamil Nadu from time to time in this behalf.

(6) And whereas it has been agreed and between the said that the said (stipendiary) shall within one month after completing the said course of training and passing the prescribed examination serve as a male/female nursing assistant in any of the Panchayat Union/ Municipal Council Institutions for a period of not less than one year on a pay of Rs. a month and whereas in consideration of the stipend so to be paid to the said (stipendiary) it has been agreed that the said
and the said as his/her sureties shall execute the above written bond subject to the conditions hereinafter contained.

(7) Now the condition of the above written bond is such that if the said (stipendiary) shall, unless prevented by illness or accident certified by a competent medical authority to the satisfaction of the Panchayat Union/Council, complete his/her training and pass the prescribed examination within the time prescribed thereafor or such extended time as may be sanctioned by the Superintendent for the time being of the Government Headquarters Hospital and shall not fail in the same examination more than once and shall within one month after completing the training and passing the examination serve as a male/female nursing assistant at a place to be decided and intimated to the said (stipendiary) by the Panchayat Union/Council immediately his/her course of study is over and serve there for a period of one year and if the said (stipendiary) shall not while holding the appointment or undergoing the said training be dismissed for inefficiency or misconduct (the opinion and decision of the commissioner of the Panchayat Union/Executive Authority of the Council being final and conclusive in regard thereto subject to the results of any appeal that may be preferred under the rules prescribed in this behalf) and if the said (stipendiary shall while serving as male/female nursing assistant conduct himself/hereself in such a manner that he/she shall not be removed from the list of trainned nursing assistants maintained by the Panchayat Union/Council and in the event of the said (stipendiary) desiring to dscontinue the same before the completion of the said period of training of further training, if any, on any account except uill-health which shall be certified to by the Superintendent of the hiospital he/she shall give three months' previous notice in writing of such desire to the Superintendent of the hospital and should he/she fail to give such notice or should the notice given falls short of three months, he/she shall refund the stipend or pay for three months or for the period by which the notice given falls short of three months.

Then the above written bond or obligation shall be void, otherwise the same shall remain in full force and virtue.

Signed by the above named in the presence of

Signed by the above named in the presence of

Signed by the above named in the presence of

CHAPTER XIII.

STATE HOSPITALS AND DISPENSARIES.

Section 1—General Rules, etc.

244. Classification of hospitals and dispensaries.—Hospitals and dispensaries in this State are classified as follows :—

(1) *Class I—State Public.*—All institutions maintained from State funds and under Government management come under this category. The fact that an institution has endowments or receives contributions from any Panchayat Union or Municipal funds or private subscription should not be regarded as a reasons for not classing it as "State" so long as State revenue are practically responsible for all charges connected with it.

(2) *Class II—State Special.*—State dispensaries which serve only a special section of the public are indicated in the Sub-Classification below;—

(i) Police.

(ii) Forests and surveys.

(iii) Canals.

(iv) Railways

(v) E.S.I.

(vi) Others.

(3) *Class III—Panchayat Union and Municipal Funds including village Panchayat.*—This class includes all institutions which are vested in Panchayat Unions and Municipalities or maintained by Panchayat Union or Municipal funds. The fact that such an institutions is aided by private subscriptions or receives assistance from Government in the shape of the salary of the medical officers in part or whole or grant towards its maintenance or otherwise, should not be regarded and reasons for not classing it as a Panchayat Union or Municipal dispensary so long as its existence is practically depended upon Panchayat Union or Municipal funds.

(4) *Class IV Private aided*—Comprises institutions supported by private subscriptions or guarantee, but receiving aid from Government or local funds.

(5) *Class V—Private non-aided*—Comprises institutions maintained entirely at the cost of private individuals or associations. The fact that Government supplies superior inspection or registers should not be regarded as a reason for not treating it as a private non-aided dispensary.

(6) *Class VI.*—Comprises all rural dispensaries maintained by Panchayat Unions under the scheme of subsidising medical practitioners in rural areas (See Chapter XV).

(G.Os. No. 699, Public, dated 15th August 1904 and
No. 746, Public, dated 7th September 1895.)

245. Nomenclature of various kinds of institutions.—(1) The terms 'Hospitals' and 'Dispensaries' when used without any qualifying epithet indicating the system of medicine in vogue should be taken to refer only to institutions of modern medicine. If institution of any other systems of medicine are to be referred to, the necessary qualifying words should be used, e.g. Ayurvedic hospitals or dispensaties, Siddha Hospitals or dispensaries, etc.

(2) The terms 'Rural Dispensaries', when used without any qualifying epithet such as Ayurveda or Siddha will refer only to institutions of modern medicine. If institutions of any other system of medicine are to be referred to, the necessary qualifying words should be used, e.g., rural Ayurvedic dispensaries, rural Siddha dispensaries, etc., If such Institutions (Whether modern medicine or of Indian Medicine) are subsidied by the Government, they should be referred to as 'Subsidised rural dispensaries' and the words 'Ayurvedic', 'Unani', etc., as the case may be, should be added if the institutions are not of modern medicine. If the word 'subsidized' is not used, the institution should be regarded as one, the cost of which, is entirely met from local funds.

(3) A regular dispensary is one in which a whole time medical officer is employed The term, 'Dispensary' when used without the addition of the word 'rural' will mean only a regular dispensary

(G.O. No. 2156, Public Health, dated 28th September 1933).

246 **Medical Institutions District Officers, etc, to take interest in**—(1) The success of Civil Medical Institutions depends largely on the interest taken in the supervision exercised over them by the Public functionaries of the places where they are established. The Government except all officials to exert their influence not only in maintaining but in originating such useful institutions. With this end in view, they should make occasional visits and institute enquiries as to the comfort and diet of patients attend to any complaints that may be made, and enter particulars of the same in a "Visitors Book" to be kept for the purposes in each Dispensary.

(2) All Revenue Divisional Officers should also consider it part of their duty to annually visit all hospitals and dispensaries within their incharges and to record their remarks on the general conditions and popularity of the Medical institutions in the visitors books and their remarks should be despatched at once by the medical officer in charge to the District Medical Officers or Civil Surgeons and to the president of Panchayats Unions concerned. The additional Director if Health Services and Family Planning (Public Health) and his assistants will also visit such of these institutions as are situated in the towns to which their duties may lead them and will record their ramarks upon the several aspects of their working. The District Medical Officer or Civil Surgeon at his inspection shall examine the visitors' book and note in the inspection report the general tenor of remarks made by visitors.

(G.O. No. 57, Public, dated 24th January 1895).

247. **Reservation of wards or beds for particulars castes or communities**—No ward or bed in any Government Medical Institutions in the State shall be reserved for the accommodation of patient belonging to particulars castes or communities

(G.O.s No. 2560, Public Health, dated 19th July 1939,
No. 3655, Health, dated 13th October 1950, and
No. 1245, Health, dated 9th April 1951).

248. **Women patients Lying-in and venereal wards for**—One ward or more, if necessary, will be set apart for women. When Lying-in wards are provided, they should be detached from the main building. It is desirable that as far as possible venereal cases in women are accommidated in a separate ward also

(G.O. No. 1297, Medical, dated 4th October 1899).

249. **Cholera and Smallpox cases**—Cholera and Smallpox cases should, when there is no detached building available be treated in temporary sheds or leaf pavilions erected for the purpose.

250. **Reports of cases of cholera treated.**—Medical Form 1-19 should be adopted in all hospitals and dispensaries when cholera cases are treated. When forwarding it, District Medical Officers and Civil Surgeons should in variably state their opinion as to the way in which the medical officers deputed for cholera duty have performed their work. In the case of the Government hospitals in the City of Madras, a true copy of it should be attached to the annual administration reports, if any cases have been treated during the year. If no cases have been treated, the fact should be stated in the body of the report.

251. **Cases of cholera in the State hospitals in the Madras City**—Wherever a case of cholera occurs in any of the State Hospitals in the Madras City, whether among the patients or the staff, the Superintendent, of the hospital should at once report it to the Director of Medical Education and inform him of the measures taken to prevent the spread of the disease.

252. **Treatment of infectious disease at Coonoor**—All cases of infectious disease including cholera and plague cases are admitted in the Municipal Infectious Diseases Hospital, Coonoor. A Medical Officer from Government Hospital, Coonoor, will be deputed for treating patients, (other than Smallpox and chickenpox cases) admitted in the Municpal Infectious Diseases Hospital, Coonoor.

(G.O. No. 3993, Public Health, dated 7th November 1938).

253. **Infectious diseases sheds-Recovery of cost of treatment of patients**—(1) Except in the case of Madurai, all charges incurred in the supply of diet, linen, drugs, etc, from the District Headquarters Hospitals to patients in infectious diseases sheds put up by the Municipal councils in district Headquarters towns should be recovered from the Councils concerned.

(2) In the case of Corporation of Madurai, however, the charges will be borne by the Government in accordance with the decision arrived at in G O. No. 949, Public Health, dated 7th May 1925.

(Government Memo. No. 45438/2-D, Public Health, dated 10th December 1928).

254. Persons landing at ports in a State of ill-health Removal to hospitals—Persons in an extreme state of ill health are occasionally landed at ports in this State. Some of them are too ill to speak or too poor to pay for their conveyance to the nearest hospital. Arrangement for the removal of such sick persons whether suffering from infectious or non-infectious diseases should be made by the local authorities in whose local area the ports lie and the charges involved in making the arrangements in question should be met from their general funds subject to recovery form the persons concerned later on, in cases where they can afford to pay the expenses

(G.O. No. 2012, Public Health, dated 13th May 1940).

255. Deputations of Government Women Medical Officers for Vaccination work under local bodies.—(1) In cases where local bodies have no woman Vaccinators in their employ to attend to the Vaccination of ghosha Women, the services of women medical officers attached to Government medical institutions should be utilised for the purpose. Arrangements should be made to depute women medical in charge of the nearest Government hospitals to attend to vaccination of gosha women in times of epidemics of smallpox on the requisition of the District Health Officers and Municipal Health Officers.

(2) As the deputation of women Medical Officers is in the interests of local bodies to whose funds expenditure on vaccination is debitable, their travelling allowance should be met from the funds of the local bodies concerned.

(G.O. No. 654, Public Health, dated 22nd February 1939).

256. Registration of Out-patients—(1) Each out patients, on applying for relief at a Dispensary, will receive a ticket with a number which will be consecutive with that of the previous case admitted as an out-patient in Medical Form I (15-17).

(2) This number will correspond with the number in the nominal register of out-patients, Medical Form I (8-11) or (9-12)

(3) As logs as the partients attends regularly, he keeps his original number. If a patient is absent for five days or longer he must receive a new number and becomes a new patient.

(Circular No. 16, dated 28th December 1890).

(4) Admission and discharge certificate of patients—All admission and discharge certificates of patients, which should be in Form Medical I (77-67) should be singned by the Medical Officer incharge of the institution or under his authority by any medical officer attached to the hospital when a Government servant is admitted into a Government Hospital, an admission certificate should be despatched on the same date to the head of his office. In the case of out patients, the certificate should be granted, if the patients applies for it, Patients other than Government servants should be granted similar certificates on their own application without any fee being charged.

(S.O. No. 106, dated 3rd October 1805).

(5) The prescription ticket may be given to the patient which he must bring or send an each subsequent attendance or a rough slip may be given to the patient with the serial number on it, the prescription ticket being retained in the dressing or dispensing rooms and arranged daily in pigeon holes after the work is dne. If the patients has to purchase his medicines outside the dispensary, he should be given a copy of the prescription.

(6) Prescriptions on this form should as far as possible, be taken from the stock of medicine in Medical Form Medical-I (147-141).

(7) If the prescriptions ticket be lost and the original entry cannot be traced, another one should be issued, but no fresh admission be made, the letter till (ticket lost) being recorded in the column of the out-patient nominal register in lieu of the ticket number

257 Out-patient register—The nominal register should be kept in the following form;—Form Medical I (8-11) or (9-12).

Serial number. (1)	Daily attendance number. (2)	Name (or) ticket number. (3)	Occupation. (4)	Residence. (5)	Caste. (6)	Age. (7)	Sex. (8)	Disease or injury. (9)	Remarks and minor operation. (10)
40	1	(Name)	Clerk	George Town	E	40	M	Injury of the eye.	Removal of foreign body.
	2	26					M		
	2	26					W		
	3	26					W		
	4	20					C		
41	5	(Name)	Cooly	Royapettah	O.C.	20	W	Malaria fever.	
	6	27					M		
	7	TL					M		

(only new admission should be given a serial number.)

258. Prescription book.—The only prescription book required in a hospital is the ward prescription book in which all entries should be made in ink at the time of prescribing.

An out-patient prescription book is not necessary; and record, however, should be kept of prescription issued in:—

(a) Medico-legal cases.

(b) Cases of Government Servants.

(c) Cases where the medicines are to be paid for.

259. Prescriptions for private persons—Private prescriptions including prescriptions of private medical practitioners may be compounded at Government hospitals when the local druggists shops are not open e.g., during nights or in cases where the shops are not well stocked with the necessary drugs.

(Government Memo. No. 42076/1-D, Puplic Health, dated 19th November 1928, and Surgeon-General's P.No. 65-G, dated 22nd August 1930).

260. Dispensing of free issues of medicines.—Prescriptions from staff surgeons for civil establishments residing within contonments should be dispensed at a military hospital, and those from Civil Surgeons for Military Officers residing in the Civil at lines at the civil dispensary, provided that the medicines dispensed at civil dispensaries are not purchased from local funds.

(G.O. No. 511, Public, dated 22nd June 1895).

261. Register of patient's property.—In all civil hospitals and dispensaries, a register in form Medical I (58-50A) should be kept of the property of patients lying-in-hospitals who have no friends, recording the exact nature and value of the property and the manner in which it is disposed of. Such register should be produced for examination and signature whenever a departmental inspecting officer inspects the hospital or dispensary.

(Circular No. 33, dated 7th October 1894).

262. Servants' clothing.—The follwoing rules are prescribed for the disposal of old clothing and the supply of new ones to the hospital servants.—

(1) As soon as a new supply of clothing has been received from the Director of Stationery and Printing, the Superintendents of hospitals should arrange to have the date of supply marked on them.

(2) The Superintendents, of hospitals should arrange for a regular and systematic kit—inspection of the servants clothing once a month, at which all the Government clothing isssed to the servants marked with the date of issue, should be examined as to their identity, care and cleanliness.

3. The servants should not appear in their old clothes while on duty.

(Surgeon-General's P.No. 27-A, dated 26th August 1925).

263. Stock registers and their maintenance:—(1) The stock register in the prescribed form should be obtained on indents by each medical institutions. Separate stock registers should be maintained in respect of:—

(*a*) Medicine drugs and dressing. Form Medical 1 (147-141) or (148-142).

(*b*) Surgical instruments and appliances. Form Medical I (149-142).

(*c*) Bedding, clothing and hospitals linen. Form Medical (144-137).

(*d*) Furniture including ward and hospital furniture such as cots, trolleys, screens, etc. (in M.F.C. Form 10).

(*e*) Hospital crockery.

(*f*) Dietary Stores.

(*g*) Miscellaneous stores.

(G.O. No. 477, Public Health, dated 8th February 1939).

Note.—An additional register for chemico-legal supplies should be maintained in Panchayat Union and municipal medical institutions, the necessary equipment being provided at Government expenses.

(2) The stock ledgers of each class of items should be maintained in the form prescribed for it and except in the case of office stores like furniture, stationery, etc., should show the valuation as well as their quantities.

(3) New articles purchased or supplied during the year should be duly brought to account; those condemned or otherwise disposed of being written off and adjusted in the registers.

(4) Stock-taking should be conducted on the 31st March every year either by the head of the office or by the officer next in authority to him. In the case however of bedding and clothing a quarterly check and verification should be made.

NOTE.—1. When there is a separate store-keeper in charge of certain stores, the verification of stock prescribed in this rule should not be done by him in respect of those stores.

2. Nurse responsible for the loss of linen in Government Hospitals are liable to be charged half the original value of missing linen.

(G.O. No. 2053, Public Health, dated 7th October 1925.)

(5) A return of the stock account for the previous official year in the prescribed form together with a certificate of check should be submitted to the controlling officer signed by the head of the office who will be held responsible for the proper maintenance of the registers and the correctness of the verification report whether he conducts the verification himself or entrusts it to his subordinate officer. This return should reach the office of the Director of Health Services and Family Planning or Director of Medical Education as the case may be by the 15th April every year.

(6) Controlling authorities should check the inventories as a part of their inspection and satisfy themselves that these stock books are properly kept up.

(7) A consolidated statement of the stock account of all medical institutions with a certificate that the prescribed certificates of stock verification have been received from all officers should be furnsihed to the Accountant General by the Director of Health Services and Family Planning or Director of Medical Education as the case may be not later than the 31st August every year.

(8) The following lists should also be maintained in all Government medical institutions:—

(*a*) List of books belonging to Government.

(*b*) List of special forms and copies of each.

(*c*) List of ward accommodation showing the superficial area and cubic space allowed to each bed.

(*d*) List of administrative and other buildings belonging to the institution. In these lists the Public Works Departmental number and designations should be strictly adhered to.

(9) The following records should be maintained in the X-ray institute, at Madras and in the X-ray departments in the mufassal.

(*a*) Registers to show the daily record of work done in all departments or branches.

(*b*) Stock books of apparatus and stores.

(*c*) Register showing the names of patients treated who received treatment on payment of fees together with the fees charged and the names of the medical men responsible for the case.

(G.O. Ms No. 785, Public Health, dated 11th May 1923 and No. 581, Public Health, dated 8th April 1926).

264. Distribution of furniture, etc., registers for.—In large hospitals there should be separate distribution of stock forms showing how the furniture surgical instruments and appliances are distributed throughout the hospital. The figures in this should be checked at the annual stock taking and compared with the stock-book entries.

265. The stores and Stock Account.—Soon after the close of each financial year, the Deans Superintendetns of the State Hospitals and District Medical Officers and the Superintendents of Rehabilitation Homes shuld forward to the Director of Health Services and Family Planning or Director of Medical Education, as the case may be a return in the sub-joined form in respect of stores and Stock and accounts of the Hospital/Hospitls under their control.

FORM OF RETURN.

Name of the District:

Name of the Institutions :

Stores and Stocks Accounts for the year.

Particulars. (1)	Medicine and Dressings. (2)	Diet articles. (3)	Non-diet articles. (4)	X-ray. (5)
Opening Balance as on—				
Receipts.—				
(*a*) From overseas				
(*b*) From other Government Departments.				
(*c*) From Local Purchase				
Total receipts for the year:				
Grand total :				
Issues—				
(*a*) Utilisation				
(*b*) Written off due to loss, breakages, etc.				
Closing Balance as on				

CERTIFIED THAT THE

1. Closing balance of each of the various group of stores, maintained in the stores and stock accounts represent the approximate value of stock on 31-3........................actually verified and found to agree with the stock registers maintained under paragraph 263 of Tamil Nadu Medical Code Volume I.

2. Verification of stores of the various institutions were entrusted to an agency independent of the officer responsible for the Physical Custody of the Stores or for keeping accounts of such stock.

3. Physical verification of every item of stores was done as per the requirements of the rules and the ground balance of the stores was found to agree with the balance as per stock register.

4. Closing balance as on the 31-3-19..................was not in excess of the require-ments of the institution not did it include any surplus stores or as defined in Article 139 of the Tamil Nadu Financial Code, Volume I.

(P.No. 4/Aud./70, dated 16th April 1970 of Director of Health Services and Family Planning.)

The above statment of consolidated stores and stock accounts should be prepared and submitted to the Director of Health Services and Family Planning Director of Medical Education on or before 30th June of every year without fail.

266. Maintenance of cash books, accounts, etc.—Detailed instructions for the maintenance of accounts in Government Medical Institutions in the State (including the maintenance of stock registers) are published in a separte booklet, viz., Manual of instructions regarding maintenance of Accounts in State Medical Institutions.

267. Custody of drugs, etc., Instructions.—(1) In all dispensing and stock rooms medicines shall be divided into solids and fluids and arranged alphabetically. Poisonous drugs should be kept in a separate almyrah under lock and key, and the word 'Poison, painted by hand in white on each almyrah the key of which shall always remain in charge of a medical officer. But during the working hours of a hospital or dispensary the key of the poision almyrah may be entrusted to the Chief dispensing pharmacist and if a change in the Pharmacists, to whom this duty is entrusted is considered necessary, such a change should be made by the Superintendent or medical Officer of the institution concerned. They are enjoined not to issue any drugs which ave been known to give rise to accidents in dispensing except in fluted bottles or with a label 'Poison' in large printed charaters being affixed to the bottle, vessel or box containing the

drugs. The word 'Poison' is to be in larger charcters than the name of the medicine. Whenever a prescription appears to contain any large or unusual dose of a drug of an active or poisonous character, the medical officer or the Pharmacist called upon dispense the same, will before doing so, and unless special instructions accompay it, return it to the prescribing medical officer for further instructions.

(2) Disinfecting solutions containing perchloride should be coloured blue, and not red as they might be mistaken for quinine mixtures, if they are red.

[G.Os. No. 666, Public, dated 25th July 1903,
No. 2157, Law (General), dated 4th July 1925 and
Ms. No. 2241, Public Health, dated 29th October 1932].

267-A. **"Custody of stores in Government Medical Institutions responsibilities, etc."**—(1) The responsibility for custody of stores and maintenance of proper accounts are fixed on the persons holding the posts as indicated in the Annexure in respect of various stores and that any loss occurring to shortage of defective maintenance of accounts will be recovered from them proportionately on the merits of each case.

(2) The following procedure shoud be followed in regard to recovery of the value of the stores lost:

(*a*) Loss due to shortage will be recovered from the persons actually handling the stock during the period when the shortage actually occurred.

(*b*) Loss due to defective maintenance of accounts such as short accounting, omission to bring the receipts into stock, incorrect issue entries, etc. will be recovered from—

(i) Persons handling the stores,

(ii) Persons who maintain the stock accounts,

(iii) Supervisory officers who are responsible for the proper maintenance of accounts and the periodical verification of the actual stock with reference to the balance, and

(iv) The officers whose duties are to check the actual receipt entries in the stock at the time of passing bills for the purchase of stores as the case may be.

(G.O. Ms. No. 510, Health, dated 6th March 1965, communicated in P.No. 6,Aud.I/65, dated 15th June 1965.)

ANNEXURE.

Serial number and name of stores.	Name of persons responsible for the custody of stores.	Name of Supervisory Officer.	Responsibilities of supervisory Officer.
(1)	(2)	(3)	(4)
1. Provision Stores.	Provisions Store-keeper.	Lay Secretary and Treasurer.	When there is no post of Lay Secretary attached the Supervisory officer will be the Medical Officer in-charge. The Medical Officer in-charge of the Gazetted Officer will verify the actual receipt of stores as to the correctness of the quantity and quality as and when receipt entry is made and resultant balance struck. At the time of passing bills on stores purchased the Lay Secretary and Treasurier will also check the receipt entries in the relevant stock **books.**

(1)	(2)	(3)	(4)
2. Medical Stores (Medicines and drugs, instruments and appliances and dispensary stores).	Medical Store-keepr or chief Pharmacist or the Pharmacist in-charge as the may be.	Medical Officer-in-charge.	The Medical Officer in-charge or GazettedOffcer will verify the actual receipt of stores as to the correctness of the quantity and quality as and when receipt entry is made and resultant balance struck. At the time of passing bills on stores purchase the Lay Secretary and Treasurer will also check the receipt entries in the relevant stock books.
3. Linen ..	Linen keepr or linen Clerk.	Nursing Superintendent—	At the time of passing bills on stores purchase the Lay Secretary and Treasurer will also check the recipt entries in the relevant stock books.
4. Furniture and crockery.	Furniture Clerk ..	Lay Secretary and Tresurer.	Do.
5. Stationery and Forms.	Stationery Clerk ..		Do.
6. Radiological stores.	Radiographer in-charge	Radiologist ..	Do.
7. Cash ..	Lay Secretary and Treasurer.	.. ..	....
8. Laboratory stores.	Laboratory Assistant	Pathologist or the Medical Officer in-charge.	At the time of passing bills on stores purchase the Lay Secretary and Treasurer will also check the receipt entries in the relevant stock books.
9. Miscellaneous stores.	Clerk in-charge	Gazetted Officer in-charge.	Do.
10. Stores in smaller Medical Institutions.	Pharmacist ..	Medical Officer incharge.	In small medical institutions where there are no posts of store-keepers or clerk attached, the Medical Officer in-charge of the Hospital will also be responsible for the custody of stores.
11. Stores (Medical cines, drugs, Furniture, Crockery linen, etc.) distributed in wards, Operation Theatre, Department, etc.	Staff Nurse in-charge	Head Nurse and Medical Officer in-charge.	The other categories of staff in the Ward, Operation Theatre, Department, etc., will also be responsible for loss of stores or breakage either collectively or individually after invesitigation.

(1)	(2)	(3)	(4)
12. Crokery Utensi's, Furniture, Diet articles etc., in the kitchen.	Staff Nurse ..	Head Nurse and Lay Secretary and Treasurer.	The other categories of in the kitchen will also be responsible for loss or breakages either collectively or individually after investigation.
13 Crockery Utensils, Furniture, Linen, etc., in the Nurses quarters.	House keeper ..	Nursing Superintendent	The other categories of staff staying or working in the quarters will also be responsible for loss or breakages either collectively or individually after invesitigation.

Note.—The head of medical institution has to maintain a register with all the columns as above enter the names of the individuals concerned in columns 3 and 4 together with their designations and over the same to his successor. Postings and transfers of the incumbents must be entered in this register with a actual date of handing and taking over charge immediately whenever occasion arises, so as to have an upto date information. This register shall always be under the personal custody of the head of the instuituion.

268. List of condemned instruments and other items of stores to be submitted for orders.—A list of all instruments and other articles condemned by the Medical Officers incharge of Hospitals should be submitted to the District Medical Officer or Civil Surgeon at periodical intervals. The list should contain full details of the condemened articles, viz., names of the articles, Nos. or quantiries of each condemned dat of their purchase, value of purchase, amount so far incurred towards repair charge. etc. If the District Medical Officer or Civil Surgeon concurs in the condemnation of the articles mentioned in the list and if the value of the articles condemned are withinthe powers delegated to him/her for the purchase of such articles for replacement and also if the articles become unserviceable in the ordinary course or by fair, wear and tear, have the District Medical Officer or Civil Surgeon may approve the condemnation, following the instructions contained in Articles 140-142 of the Tamil Nadu Financial Code, Volume I. The Medical Officers in the case of Government Hospitals and the local authorities concerned in the case of Municpal and Panchayat Union institutions may dispose off condemned articles i.e., by sale or by destruction in accordance with the instructions contained in the order of condemnation.

The stores which have become unserviceable otherwise than in the ordinary course or by fair, wear and tear e.g., by avoidable carelessness, neglect or misuse should not be condemned until after their ealvu has been written off by the authority competent to write off a loss of cash equivalent to their value under article 297 of the Tamil Nadu Financial Code, Volume I and item 1 in Part A of Appendix 21 of the Tamil Nadu Financial Code, Volume II.

269. Stock of surgical instruments and appliances to be carefully checked on assumption of charge.—Medical Officers before taking over charge of Government institutions are to check carefully the stock of medicines surgical instruments hospital appliances, etc., with the invon tory registers and certify to the correctness of the stock taken over. For the purpose of this rule, the officer entrusted with the custody of stores is ordinarily the medical officer, or the Superintendent of the institution, but this duty may be delegated in large institutions to a gazetted assistant manager or a recognised store-keeper. When such a delegation has been made, the verification prescribed is only necessary unless it is otherwise ordered in any case. When an officer to whom the duty has been delegated is transferred in such cases the results of verification should always be placed before the Superintendent. This does not, however, relieve the Superintendent of his responsibillty for the certificate prescribed at the foot of the various contingent bills, etc., stating that the articles billed for have been brought into account not for general control over the proper custody and account of stores.

[Circular No. 1, dated 11th January 1888 and G.O. No. 260, (Financial Codes), dated May 1927].

270. Stock of instruments and appliances in charge of Honorary Medical Officer Procedure for accounting of.—Superintendents or the Chief Medical Officers in-charge of Government hospitals in which Honarary Medical Officers are employed should see that Honorary Medical Officers take over and hand over correctly the hospital instruments and appliances in the proper ways in accordance with the rules. They are also requested to check and verify the hospital instruments appliances, etc. in the custody of the Honorary Medical Officer once a quarter with the account books and registers maintainted for the purpose. Any loss of Government property should be reported to the Director of Health Services and Family Planning or Director or Medical Education as the case may be at once.

(G.O. Ms. No. 5891, Public Health, dated 14th December 1940.)

271. Transfer certificate.—Transfer certificate shall be signed by both the relieving and the relieved officers. In every case, the instrument contained in cases should be compared with the printed lists in them. They should be retained in the office or institution concerned and should be sent to the Director of Health Services and Family Planning or Director of Medical Education as the case may be only when there are deficiencies to be reported.

(G.O. No. 86, dated 15th June 1809.)

272. Pathological specimens for Medical Museum.—Medical Officers in-charge of Government Hospitals should avail themselves of the very large field open to them for the collection of Pathological specimens illustrative the of disease of the State and should forward them for investigation and record in the Medical College Museum.

(G.O. No. 780, L., dated 4th June 1908.)

273. Burial or cremation of deceased destitute persons.—Special Rules governing the burial or cremation of deceased destitute persons in hospitals or dispensaries are embodied in item 1 in Appendix 14 of the Tamil Nadu Financial Code, Volume II.

(Surgeon-General P. No. 109-A, dated 28th May 1929 and P. No. 201, Health, dated 18th July 1938.)

274. Death certificates of patients dying in the hospitals.—Dealth certificates regarding persons dying in hospitals, jails and public institutions should be forwarded by medical officers to local authorities (contonment committees, municipalities, district registrars or village karnams) in order that the deaths may be duly registered by the authorities of the locality in which the deat occur. In the City of Madras the certificates should be sent to the District Registrar of Births and Deaths of that of section of the City in which the hospital or institution is situated.

(G.O. No. 1, Public dated 3rd December 1868 and Circular No. 109, dated 1st December 1877.)

275. Death or illness of military officers in Civil hospitals.—Medical Officers in-charge of hospitals should report immediately on occurrence to the General Headquarters, Adjutant General's branch all cases in which military officers have died or are seriously or dangerously ill in such hospitals. Weekly progress reports should also be forwarded with such reports.

(G.O. No. 177, Public Health, dated 23rd January 1943.)

276. Married Hindu women patients Removel or change of thali string in case of necessaty.—The following procedure should be adopted where it is found necessary to remove or change the thali string of married Hindu women patients who seek admission or are admitted for treatment in Government Medical Institutions :—

(1) If the thali string is considered dirty or unclean, the patient should be asked before admission to change it and put on a new string.

(2) In emergent cases which would not admit of the delay involved in the patient herself changing the string after going to her house or otherwise, the Superintendent of the hospital or the Nursing Superintendent or Head Nurse in-charge should apply a suitable clean string to be substituted for the old one.

(3) If the removal of the thali is found necessary for performing an operation on the neck or head, or for any other sufficient reason, the patient or her relative in charge should be told that the "thali " should be temporarily removed and that it might be tied round the neck later in a clean string ; and it should be left to the patient or her relative to remove it.

(4) If the patient or her relative refuses to carry ot the foregoing instructions, the woman should be refused admission into the hospital, or if already, should be discharged from the hospital. In no case should the thali of any woman patient be removed by force by any member of the hospital staff, even if it were desirable to do so.

NOTE.—1. The above instructions are also commended to local bodies which maintain hospital and dispensaries.

2. The instructions contained in this paragraph place upon the hospital authorities the duty of telling the patient what is necessary for her health and leave the decision to accept or reject that advice to the patient or her relations. It should be noted that the instructions do not prevent a medical officer from advising a patient to remove her thali if he thinks that this is necessary for her recovery, but the acceptance or the rejection of such advice is left to the patient or her relatives.

(G.Os. No. 2911, Public Health, dated 26th October 1939 and No. 5295, Public Health, dated 9th November 1940.)

277. Deleted.

278. Anti-rabic treatment.—The memorandum of information for the guidance of patient desiring to undergo anti-rabic treatment and the rules laid down by the State Government for the grant of certain concession to Government Servants and indigent persons to enable them to undergo anti-rabic treatment are given in Appendix XV.

279. District Medical Lending Libraries.—Appendix XVI contains detailed rules regarding District Medical Lending Libraries.

280. Diet rules.—Rules goverining the conditions of tender for the supply of articles of diet and other hospital requirements and the scales of diet in force in the Government Hospitals in the State are given in Appendix XVI.]

281. Advisory Committee.—Advisory Committee have been constituted for Government hospitals in the Madras City and for hosiptals in the District Headquarters and at Divisional centres in the muffassil. Such Committee have not been considered necessary for Government Medical Institutions in non-divisional centres where there are no facilities available for the constitution of advisory committees. The main function of these committees is to keep the Director of Medical Education or Director of Health Services and Family Planning as the case may be and the Government informed of the needs of the hospitals as viewed by the public but they can also be helpful in stimulating the interest of the lay public in the welfare of the hospitals and in strengthening the hands of the Superintendents of hospitals in their efforts to improve the institutions. Individual members of the committee in their capacity as non-official visitors can also assist to a great extent in popularizaing the institutions and in increasing the comforts of patients. The rules defining the constitution and functions of advisory committees appointed for Government hospitals in the City of Madras and in the mufassil and for private leprosy institutions in the State which are in receipt of capitation grants from Government are embodied in Appendix XVIII.

(G.Os. No. 1598, Pyublic Health, dated 26th June 1929,
No. 1718, Public Health, dated 16th July 1930,
No. 709, Public Health, dated 17th February 1941,
No. 5668, Public Health, dated 17th May 1943 and
Government Memo. No. 42198/51-2, Health-3, dated 4th October 1951.)

282. Procedure for the sibmission of proposals for the nomination or re-nomination of non-official members to Advisory Comiittee s of Government Hospitals.—(1) The following procedure should be adopted in submitting proposals for the nomination or re-nomination of non-official members for each of the city State hospitals and Government hospitals in each district in the mu fassil :

(a) Proposals for nomination or renomination of non-official members to advisory committee of Government hosiptals should be submitted by the District Medical Officers or Superintendents of hospitals concerned in the appended form, neatly typed wherever possible, and with all the required particulars correctly filled in.]

FORM I.

Name of the institution.	Name of the sitting members.	Number and date of Government order in which the member was nominated or renominated.	Number and date of the endorsement of Director of Health Services and Family Planning or Director of Medical Education the communicating Government Orders.	Date of expiry of the present term of the Advisory Committee members.	Name of the proposed member.	Whether fresh nomination or re-nomination.	Reasons for nomination or re-nomination.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

(Surgeon-General's P. No. 11-G/A, T.P., dated 16th January 1943 and P. No. 348-G/44, dated 4th September 1944.)

NOTE.—Hospital contractors should not be recommended for nomination as non-official members of the advisory committee of the Government Medical Institutions in this State.

(G.O. Ms. No. 90, Health, dated 12th January 1965.)

(*b*) Separate proposals should be submitted to Government for the nomination or re-nomination of non-official members for each of the city State hospitals and district headquarters hospitals, but proposals in respect of other Institutions in each district should be submitted, if practicable clubbed at the same time.

(Government Memo. No. 23900-H/61-1, dated 5th June 1951.)

(*c*) While proposing the names of persons for nomination or renomination as non-official members to advisory committees of Government Hospitals constituted by Government, no action should be taken by any officer of the Medical Department to ascertain from the persons whether they are willing to serve on the committee as such action causes considerable embarrassment to Government in that it makes it very difficult and awkward for them to make any changes in the personnel with the result that little or no choice is left to them Specific orders should first be obtained from Government about the personnel and no attempt should be made to ascertain beforehand the willingness or otherwise of the proposed for nomination or renomination.

(G.Os. No. 3671, Public (Services), dated 9th September 1950. and No. 3696, Health, dated 31st October 1950.)

(*d*) As members of advisory committees of Government hospitals are not entitled to any travelling allowance for journeys made by them for attending the meetings and for the surprise visits made by them, names of persons who are not resident in the station where the hospital is located should not be proposed for nomination or renomination as members of hospital advisory committees.

(G.O. No. 1808, Health, dated 22nd May 1950, and Surgeon-General's P. No. 214/G1/50, dated 11th December 1950.)

NOTE:—(1) The word 'Station' occuring above should in so for as the City of Madras is concerned, be held to mean the entire City of Madras within the limits of the Corporation of Madras as and not merely that portion of the City which forms part of a district in charge of a District Surgeon.

(Government Memorandum No. 871-Health/51-2, Health, dated 8th February 1951.)

2. A member should not be proposed for nomination as a non-official member for more than two Government Medical Institutions in an area and that no travelling or any other kind of allowance will be paid for attending the meetings of the advisory committee, visits to the hospital, etc., by the concerned members.

(Govt., Memo. No. 75120/H5/65-1, Health, dated 25th September 1965.)

(*e*) In proposing the name of persons for nomination or renomination as non-official members to advisory committees of Government hospitals, it is the intention of Government that the services of Members of Legislative Assembly and Members of Legislative Council, resident in the station where the hospital is situated should, as far as possible, be secured in all cases referred to in the rules relating to the constitution of such committees. The representation of women on the committees should be as laid down in the constitution but wherever a suitable Members of Legislative Assembly or Members of Legislative Council is available, her name should be proposed. Proposal for nomination or renomination of members of the Legislature should be made in consultation with the Collector concerned who should advisory as to the relative suitability of candidates where more than the required number of persons are available. Ordinarily a members of the Legislature should not be appointed to serve on more than one hospital advisory committee.

(G.O. No. 17, Public Health, dated 4th January 1940.)

NOTE.—No. meetings of an advisory committee in which M.L.As/M.L.Cs. are members should be convened when the Legislature is in session.

(Govt. Memo. No. 2445/65-3, dated 22nd December 1965.)

(*f*) Non-Official members of the advisory committees of Government Hospitals should not be permanent. Out of the total strength at least one-third to half must be retired and new members nominated after each term. Medical Officers concerned should submit proposals for the nomination of non-official members of the advisory committees suitably in accordance with the direction.

(Government Memorandum No. 48481/51-1-H-3, Health, dated 18th October 1951 and Director of Medical Services in P. No. 4c4-M/51, dated 13th December 1951.)

2. Copies of proceedings of meetings of advisory comiittees of Government hospitals should be submitted to the Director of Health Services and Family Planning or the Director of Medical Education as the case may be by the concerned District Medical Officers and Superintendents of Hospitals in the mufassal and by the heads of Mediacl Institutions in the City together with their remarks on each of the points dealt with in each resolution.

(Surgeon-General's P. No. 74-G, dated 5th March 1949.)

282-A. Medical Exhibition.—(1) With a view to dissemination to the common man the preventive aspect of diseases and the advanced techniques now in vogue to cure various ailments, and to educate the lay man about the preservation of health Medical Exhibitions shall be conducted once a year by the Medical Colleges in the Madras City in rotation, namely the Madras Medical College, the Stanley Medical College and the Kilpauk Medical College to cover the Madras District. In the case of the Medical Colleges in the Muffassil, Exhibitions shall be conducted once a year by the colleges to cover the Districts as mentioned below :—

(i) The Madurai Medical College, Madurai, Madurai District.

(ii) The Chingleput Medical College, Chingleput, Chingleput District.

(iii) The Thanjavur Medical College, Thanjavur, Thanavur District.

(iv) The Coimbatore Medical College, Coimbatore, Coimbatore District.

(v) The Tirunelveli Medical College, Tirunelveli, Tirunelveli District.

Medical Exhibitions shall be conducted in all District Headquarters Hospital in the respective year along with the Family Planning fortnight.

(2) An entrance fee of Re. 1 shall be collected in respect of exhibitions conducted by the Medical Colleges in the Madras City and an entrance fee of 50 p. shall be collected in respect of the exhibitions conducted in the Mofussil. The Medical Exhibitions shall be conducted along with the Family Planning fortnight, on the dates convenient to the local public and the officials so that a part of the expenditure may be met from the Family Planning Funds.

(3) An expenditure not exceeding Rs. 5,000 (Rupees Five thousand only) shall be incurred towards the conduct of each exhibition. This sum shall be credited back to the Government, if the collections exceed the expenditure and the balance shall be utilised for the development of the Colleges, for rural Medical relief, etc. If the collections are less than the sanctioned amount, then the entire collection shall be utilised for the development of the Medical Colleges for rural medical relief, etc., the sanctioned amount being treated as normal expenditure incurred towards the conduct of the exhibition.

(4) The expenditure incurred in respect of the exhibition in the District Headquarters Hospitals shall be debited to "280, Medical—A. Allopathy—b. Medical Relief—Non-Plan—I. Schemes under the control of the Director of Health Services and Family Planning—AA. Hospitals and Dispensaries—Other charges" and the expenditure incurred in respect of exhibition conducted in the medical colleges shall be debited to under the relevant minor heads provided for the in major head "280. Medical—A. Allopathy—b. Medical Relief—I. Non-Plan schemes under the control of Director of Medical Education".

SECTION 2—STATE HOSPITALS AND DISPENSARIES.

283. Standing Orders of State Hospitals.—The Superintendent or the medical officer in charge of every Government medical institution is required to keep completed and up-to-date a book of the standing orders. Order of Government, Director of Health Services and Family Planning and of Director of Medical Education concerning these institutions should be embodied in their proper places. In these books orders should be arranged in sections and paragraphs numbered continuously throughout. The number and date of the orders sanctioning a new standing order should be quoted in the margin.

284. Information to be furnished to Director of Health Services and Family Planning and Director of Medical Education on arrival on inspection duty.—Immediately on the arrival of the Director of Health Services and Family Planning and Director of Medical Education on inspection duty at a hospital, the following information should invariably be furnished :—

(1) The sanctioned bed strength of the hospital and the number of in-patients at the hospital.

(2) The daily average attendance of in and out-patients (Male and Female separately and added together) and the total number of labour cases conducted in the hospital during the last five years.

(3) A list of medical and other staff of the hospital.

(4) A site plan of the hospital and map of the municipality if the hospital is in a municipal area (*see* also paragraph 76).

(Surgeon-Generals P. No. 59, Health, dated 5th May 1932.)

(5) A list showing the plan schemes sanctioned with the details of expenditure sanctioned progress, etc.

285. Sanctioned Staff of Hospitals.—(1) Two separate registers should be maintained in each medical institution one showing the sanctioned permanent staff of the institution in Form 'A' mentioned below and the other showing the sanctioned temporary staff of the institution in Form "B" mentioned below :—

(D.H.S. & F.P. Circular No. 141187/E1/4/72, dated 6th December 1972.)

(2) Temporary staff sanctioned for a special period should not be allowed to continue beyond the period of sanction. As sanction for the temporary staff is generally limitted to the end of the February each year, proposals for the continuance of all the temporary staff should be submitted on or before the 1st October each year—separately in respect of (1) Medical staff (2) Nursing staff including maternity assistants (3) clerical staff and (4) Non-Medical staff such as pharamacits, nursing assistants, sanitary workers, etc., proposals for the continuance of the temporary staff should contain the following information :—

(*a*) Circumstances that necessitated original sanctioned and the continued existence of such circumstances as evidenced by facts and figures;

(*b*) Volume of work at the time of previous sanction;

(*c*) Work remaining to be done and the details of the staff and the period of sanction that would be necessary to do it; and

(*d*) The work done so far and the reasons if any as to why the work could not be done within the period of available sanction.

(G.O.Ms. No. 302, Finance Department, dated 21st March 1962.)

(3) Medical Officers in-charge of the Institutions will be held personally responsible for the unauthorised continuance of any temporary staff beyond the date of sanctioned.

(Surgeon-General's P. No. 67-G, dated 30th January 1943 and Government Memo. No. 56370-M/51-2,/H, dated 1st December 1951.)

NOTE.—The holders of temporary establishment in both Gazetted and Non-Gazetted categories may be allowde to drwa their pay and allowances for a period of three months beyond the date of expiry of current sanction provided the Director of Health Services and Family Planning/Director of Medical Education, certificate that the Government have been addressed for further continuance specifying the period upto which further continuance has been recommended and quoting the number and date of his letter to the Government.

(G.O. Ms. No. 104, Finance (D.P. Department, dated 29th January 1974.)

(4) Proposals for the permanent retention of temporary posts which have been in continuance existence for a period of over 3 years may be submitted to Form "C" mentioned below, provided that the following conditions are satisfied :—

(*a*) that they have been created for normal increase of work (i.e., not for special work) and they are required indefinitely for the normal work of the department.

(*b*) that they have been in continuous existence (i.e., without break for a period of over 3 years from the date on which they were orginally filled up and

(*c*) that where the post has undergone any change in its nomenclature, subsequently on account of reclassification or has been upgraded, the post so upgraded or redsignated could reasonably be expected to continue.

(G.O. No. 1368, Finance (E-II) Department, dated 4th November 1963).

(5) Proposals for further continuance and for permanent retention of temporary posts should not be combined Proposals separately for further continuance and for permanent retention should be submitted.

(6) If any posts have not been filled up within a period of one year from the date of sanction or within the period stipulated in the Government order sanctioning the posts proposals for revalidation of the orders in which the posts were originally created should be submitted separately.

(D.H.S. Circular D.Dis. No. 7/C/73, dated 21st September 1973.)

285-A. Calculation of estimate of vacancies and furnishing the same to the prescribed authority.—The Heads of Departments and other appointing authorities should calculate the estimate of vacancies correctly and furnish the same to the prescribed authorities or to the Tamil Nadu Public Service Commission as the case may be on the due dates so as to avoid the necessary of making temporary appointments.

A realistic estimate of vacancies should be arrived at after taking into account the following items :—

(1) Retirement vacancies.

(2) Leave reserve vacancies at five per cent of the working strength.

(3) Vacancies arising out of likely promotions.

(4) Number of new posts sanctioned and not taken into account in the earlier estimate.

Less.—The number of posts likely to be disbanded in the next year.

(Government Memo. No. 55993/73-1, Public (Services-A) Department, dated 30th October 1972.)

NOTE.—The appointing authorities should make a realistic estimate of vaccancies as per the above instruction and add 15 per cent to actual estimate to meet any unexpected contingencies.

(G.O. Ms. No. 770, Public (Services-A) Department, dated 6th March 1974.)

286. Bed strength of hospitals.—Principles to be followed in fixing the bed strength —The bed strength of a hospital should correspond with the number of in-patients which can conveniently be accommodated in the hospital buildings. The bed strength of each institution is fixed by Government from time to time and the actual bed strength of each institution is given in the administration report published by the Director of Health Services and Family Planning and the Director of Medical Education, Madras.

(G.O. No. 5304, Public Health, dated 11th November 1940.)

287. Allotment of beds to Chief Physicians and Surgeons (paid and honorary) and specialist.— The following principles should be observed in regard to the distribution of beds amongst Chief Physicians and Surgeons, paid and honorary, attached to Government hospitals.

(1) The disrtibution shall be made by the Superintendent of the hospital concerned who should bear in mind the fact that an Honorary Medical Officer contracts only for three hours work, while a paid officer, being a full-time servant of Government is expected to do duty in the hospital at least for five hours a day and may be required to keep even longer hours. It is not reasonable to expect more than three hours of work from a honorary officer who is presumed to have a private practice of his own. Where necessary, the distribution should also take into account the lay out of the hospital buildings.

(2) Where it is found necessary to make a differentiation in the number of beds allotted to officers who are qualified to undertake teaching and to those not so qualified, the question should be referred to the Director of Medical Education whose decision in the matter shall be final.

CADRE REGISTER FOR PERMANENT POST—FORM A.

(*Vide* paragraph 285-1)

S. No.	Name of the Institution.	Design tion of the post sanctioned.	The G.O. No. and date in which the post was originally sanctioned on (temporary basis).	The G.O. No. and date in which the post was made permanent.	The post from which the post was made permanent.	(Here specify the No. and date of G.O. in which the date were abolished, kept in abeyance or upgraded etc.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

CADRE REGISTER FOR TEMPORARY POSTS—FORM B.

(*Vide* paragraph 285-1)

S. No.	Name of the institution.	Designation of the post sanctioned.	The G.O. No. date in which the post was originally sanctioned on (temporary basis.)	The date up to which the post was originally sanctioned.	The No. and date of the G.O. in which further continuance of the post was sanctioned.	Period upto which further continuance was sanctioned.	Here specify the No. and date of the G.O. in which the permanent re ion of the post ordered, etc.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(6)	(7)	(8)

FORM C.

[*Vide* paragraph 285 (4)]

Proposals for the permanent retention of temporary posts.

Serial number.	Designation of the post or posts.	Number of posts or posts.	G.O. in which the post or posts was/were originally created.	G.O. in which the post or posts was/were last continued.	The date on which the post/posts was/were actually filled up.	Whether the post/posts was/were utilised continuously from the date/dates on which it/they was/were filled up.	Whether it/they is/are required Indefinitely for the normal working of the department.	Whether the post/posts was/were originally created for thenormal increase of work (i.e., not for any special work) and the purpose for which it/they was/were created still exist/exists.	Whether it or they has/have undergone any change in its/their nomenclature and if so, whether it/they could reasonably be expected to continue.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

(3) Specialists in Medicine, Surgery and Obsterics with Gynaecology should each be allotted not exceeding 30 beds including the beds allotted to them in special departments, but these beds should be procured by a reduction in the numbers allotted to those officers who are qualified to teach, and not by a reduction in the smaller allotment made to officers not qualified to teach.

(G.O. Ms. No. 3967, Public Health, dated 30th October 1939 and No. 4638/Public Health, dated 18th December 1939.

288. Hours of business in dispensaries.—(1) Regular Government dispensaries and out-patients departments of Government hospitals other than those in hill stations shall be open from 7-30 a.m. to 10-30 a.m. and from 3 p.m. to 5 p.m. every day for ordinary out-patients. This regulation does not preclude patients from getting medicines at any hour of the day or night; should any immediate necessity arise

(G.O. No. 3145, Public Health, dated 10th October 1942.)

NOTE.—The Director of Health Services and Family Planning or the Director of Medical Education is permitted to make the times fixed above an hour later in respect of Government Medical institutions whenever he considers such a charge necessary.

(G.O. Ms. No. 892, Public Health, dated 15th April 1943.)

(2) Subject to the exception mention in the note below the working hours of all Government Medical Institutions in hill stations shall be from 8.30 a.m. to 11.30 a.m. and 3-30 p.m. to 5-30 p.m.

(G.O. Ms. No. 329, Public Health, dated 6th February 1943.)

NOTE.—In the case of the Stone House Dispensary at Ootacamund, the working hours in the forenoon shall be from 9 a.m. to 12 noon.

(Government Memo. No. 14991/D-2/422, Public Health, dated 27th April 1944.)

289. Medical Officers to reside near the hospital.—Medical Officers attached to Government Medical Institutions will if not provided with quarters in the hospital, reside conveniently near the spot, so as to be ready to give aid to any patient during day or night. The medical officer in-charge will always attend when sent for, to accidents and other emergent cases.

290. Permission to reside outside Madras in the case of Officers posted to Madras City.—Ordinarily gazetted Officer holding posts in Madras City are required to reside within the limit of the City and whever such officers desire to live outside the city limits, sanction of Government should be obtained.

(G.O. No. 871, Public (Political), dated 3rd May 1937.)

291. Pharmacists not to prescribe.—No Government or aided dispensary shall be open except when the medical officer in-charge of it is present. As an exception to this rule, in the temporary absence of the officer in-charge, the Pharmacist may render first-aid for the immediate relief of a patient or may repeat medicines which have been prescribed by the Medical Officer. He should on no account prescribed for patients on his own responsibility.

(G.O. No. 1204, Public, dated 22nd June 1916.)

292. Scale of staff in proportion to beds.—The following scales should be adopted in regard to the employment of staff in Government Medical Institutions :—

(1) *Nursing Staff*—(a) *Nursing Superintendents*—(i) General Hospitals with a bed strength of over 300 and which are training centres for Nurse pupils—

A first or second grade Nursing Superintendent according to the importance of each institution.

(ii) General hospital with a bed strength of 100 but not over 300 with training centres for nurse pupils or not—A Nursing Superintendent, Grade II.

(b) *Nursing Tutors.*—General Hospitals which are training centres for Nurse pupils should each have one nursing tutor for purposes of the training the grade of Nursing Tutor being determined accoring to the requirements of each institution.

(c) *Head Nurse.*—General Hospitals whether training centres for nurse pupils or not should each have one head nurse for every 50 beds inclusive of the head nurse required for night duty.

(d) *Nurses.*—(i) Hospitals which are training centres for nurse pupils—One nurse for every 8 beds.

(ii) Hospitals which are not training centres for nurse pupils—One Nurse for every 8 beds.

Items (iii) and (iv) deleted.

(v) *General ratio.*—The General ratio of nursing staff should be one nurse to 8 beds including administrative staff, theatre staff and out-patient nurses. The staff required for out-patient departments will be decided on the merits of each case.

(2) *Pharmacists.*—One for every 100 out-patients and one additional pharmacist for every 75 in patients.

(3) *Nursing Assistants.*—For all hospitals—One Nursing Assistant for every 8 beds.

(G.O. No. 5304, Public Health, dated 11th November 1940.)

(4) *Sanitory workers.*—In hospitals where there is no water-carriage system, one sanitary worker for every 12 beds and one additional sanitary worker if the number of beds over 12 or multiples 12 is not less than six.

(ii) **In hospitals where there is water carriage system.**—One Sanitary worker for every 15 beds and one additional sanitary worker if the number of beds over 15 or multiples of 15 is not less than seven.

(5) *Cooks.*—Hospitals with 15 beds and less—One combined post of cook and waterman.

(ii) Hospitals having more than 15 beds but not more than 50 beds—One Cook.

(iii) Hospitals having more than 50 beds—One cook for every 50 beds and one additional cook, if the number of beds over 50 or multiples of 50 is not less than 25.

NOTE.—(1) The above scales for sanitary workers and cooks do not apply to mental hospitals. The number of beds to be taken into account is the number sanctioned for the hospital or the average number of beds occupied in a year, whichever is less.

(2) The employment of casete cooks in Government medical institutions is left to the discretion of the Superintendent of the concerned institution.

(G.O. Ms. No. 733, Public Health, dated 15th June 1936.)

(3) Butlers are not included in the category of cooks. Sanction of Government is necessary for the employment of a butler in Government Medical Institutions.

(6) **Cook for mental hospitals.**—One cook for every 100 patients.

(7) *Waterman.*—(*a*) *Hospitals where there is system of pipe.*—Water Supply.—(*a*) For hospitals with more than 8 beds but with not more than 25 beds—One part-time waterman.

(*b*) For hospitals with more than 25 beds but with not more than 100 beds—One full-time waterman.

(*e*) For hospitals with more than 100 beds—One full-time waterman for every 100 beds and an additional waterman for any number not less than 50.

B. Hospitals with no pipe water supply.—(a) For Hospitals with 8 beds and less—One part-time waterman.

(*b*) For hospitals with more than 8 beds but not more than 50 beds—One full-time waterman.

(*c*) For Hospitals with more than 50 beds—One fulltime waterman for every 50 beds or any number not less than 25.

C. Dispensaries with no pipe water-supply—One part-time waterman.

NOTE.—The above scales are not applicable to Mental Hospitals, Waterman should not be employed according to the scales as a matte of cou se, but should be employed only whe e p oved necessity exsists. In case whe e it is not found possible to confirm to the prescribed scales, the sanctioned of Government should be obtained.

(G.O. No. 1170, Public Health, dated 31st May 1933,
No. 3339, Public Health, dated 23rd December 1935,
No. 947, Public Health, dated 9th March 1940 and
No. 5304, Public Health, dated 11th November 1940.)

293. Deleted.

294. Deleted.

295. Deleted.

296. Custody of cash in Government Medical Institutions.—The resident Medical Officer or some senior Assistant Surgeon should be made responsible to the Superintendence for the hospital cash. Junior Assistant attached to Government Medical Institutions should on no account, be allowed to deal with the moneys of the hospital on their own responsibility.

297. Deleted.

298. Sigmoidoscopic examination of patients.—A sigmoidoscopic examination of a patient should be done by the surgeon himself or under his orders for each case by his assistant who has had previous experience in the manipulation of the instrument. Sigmoidoscopic examination should not be done by any other persons on his own responsibility; and when the examination is entrusted to an assistant, the Surgeon should satisfy himself that the assistant has had experience of signomoidoscopy.

(G.O. Ms. No. 130, Public Health, dated 19th January 1933.)

299. New born babies and sick children admitted for treatment in Government hospitals. Precaution against delivery to persons other than parents or guardians.—The following procedure should be followed in regard to the admission and discharge of sick children and of new-born babies in maternity and children's wards in all Government medical institutions :—

In Government medical institutions in which sick children are admitted as in-patients, a register should be maintained in which particulars about the child admitted should be entered. On admission, the parent or guardian should be given a receipt in the prescribed form (Medical Form 1-17A) and required to affix his or her signature or thumb-impression in the register in acknowledgement of the receipt. The child should on discharge, be handed over only to the person who produces the receipt referred to above. In the event of the loss of the receipt, the parent or the guardian concerned should immediately inform the Superintendent or the Chief Medical Officer of the Institution about the loss. The Superintendent or the Chief Medical Officer shall not thereafter deliver the child to any person unless that person signs a declaration in the prescribed form to the effect that he or she has lost the receipt before a Presidency Magistrate, an Honorary Magistrate, a Taluk Magistrate, a Deputy Tahsildar or a Stationary Sub-Magistrate having jurisdiction over the place where the institution is situated. On receipt of the declaration duly attested by the proper authority, the child may be handed over to the person who produces such declaration. The receipt or declaration shall be filed in the records or in the register.

(G.O. No. 1684, Public Health, dated 6th May 1938.)

300. Disposal of foundings.—The following rules should be observed by medical officers in-charge of Government Panchayat Union and municipal medical institutions in the city of Madras and in the mufassal in the matter of care and disposal of foundings of persons deceased in hospitals :—

(1) The officer in-charge of a medical institution may handover a founding to any institution or person of the religious denomination to which the foundling belongs provided that the institution or person has been approved by the Commissioner of Police in the case of the Madras City or by the District Magistrate concerned in the case of mufassal institutions.

(2) The institution or person shall return the foundlings to its parents or relatives should they be found or appear and claim it; and

(3) all such cases should be reported to the Commissioner of Police or the District Magistrate concerned without delay.

(G.O. No. 1548, Public Health, dated 28th July 1925.)

301. Destitute paupers.—(1) Upon report from the medical officer in-charge of any hospital in the Madras City, that a destitute patient is not likely to benefit by further medical treatment and yet is too infirm to earn a livelihood in Madras, the Police authorities will arrange to provide a conveyance and detain a constable to accompany European and Anglo-Indian paupers to the Friends-in-need Society, Home and Indian paupers to the Moneger Choultry. Before taking charge of European and Anglo-Indian paupers, the Police authorities will require the assurance of the medical officer that he has ascertained from the Honorary Secretary, Friends-in-need Society, that the individual can be received into the Home. Medical Officers transferring such patients to the Friends-in-need Society's Home should forward the form prescribed by the Society filled in by the pauper and a medical certificate as to the State of his or her health to the Honorary Secretary.

(S.O. No. 50, dated 31st July 1885 and
G.O. No. 1465, Public, dated 6th December 1898.)

(2) Medical Officers of City State Hospitals shall invariably ascertain before hand from the Honorary Secretary, Monegar Choultry or the Superintendent, Government Stanley Hospital, Madras whether accomodation is available for their destitute pauper patients before they are sent to that choultry or hospital and the Police authorities should be informed of this fact at the time of despatch such pauper patients.

(Surgeon-General's Circular No. 7377-78, dated 8th November 1917.)

302. Disposal of starving and infirm Pauper.—(1) Starving and infirm paupers found by the Police in the streets of Madras City should be fed and sent by the Police for admission to the Monegar Choultry (in the case of Indians) or Friends-in-need Society (in the case of Europeans and Anglo-Indians). A memorandum should be sent with each pauper containing the name of the pauper and the place where picked up and should be signed by an Officer not below the rank of a Police Station-House Officer with the words 'By Order' above his signature.

(2) Sick paupers found in the streets should in the first instance be taken by the Police to the nearest hospital.

(3) If the medical officer in-charge of the hospital is of opinion that any case brought for admission is one of starvation only and fit to travel he may deliver the same to the Police for disposal, if unfit to travel the case should be admitted as an urgent one, till he is fit to travel.

(4) Sick paupers admitted into a Hospital are to be retained till they have so far recovered that they can leave without any risk to health. They are then to be entrusted to the care of any relations who may claim them or failing such relations to be disposed of in accordance with paragraph 301 above.

(5) If the Police find persons in public places in a State of exhaustion due to starvation and requiring help they should arrange to take the starving persons to the nearest hospital. The medical officer in-charge of the hospital should admit the patients and hand over the patients back to the Police when the patients are in a fit state to be discharged. The hospital authorities should take the same action when workers of social welfare organisations take such persons to the hospital.

(S.S.O. Nos. 2 and 101 of 1887 G.O. Ms. No. 1672, Public Health, dated 14th June 1944 and Ms. No. 705, Health, dated 16th March 1945.)

303. Disposal of starving and infirm pauper patients in a muffasal hospital.—In the case of a starving and infirm pauper patient in a mufassal hospital, when none of his relative turns up to take charge of him on recovery the medical officer should first ascertain the religious denomination to which the patient belongs and try to send him by any charitable institution or person of that particular religious denomination who is willing to take charges of him. In the absence of facilities in the district concerned, the patient may be sent to an institution or person in any other district or in the Madras City. If however, the medical officer fail in his attempts the patient should be sent to the nearest Magistrate who should dispose of the patient just as he would do if a village headman had sent a pauper invalid or destitute child.

(G.O. Ms. No. 3388, Public Health, dated 2nd November 1942.)

304. Treatment of leprosy patients.—Patients suffering from leproy should be treated in every hospital or dispensary to which such patients report for medical aid just like patients suffering from other communicable diseases are treated. The special drugs and equipment necessary for the treatment should therefore be provided in every medical institution whether Government, Municipal or Panchayat Union and even at subsidised Rural Dispensaries. When a Survey Education and Treatment unit is attach to a General Medical Institution, one of the Medical Officers should conduct the clinic himself without leaving it to the Para Medical Worker or any other hospital staff in places where control unit is functioning, the Medical Officer who visits the centre where there is a Primary Health Centre, Dispensary or Hospital should be provided with a place for conducting the clinic. The field worker working in that area should be accommodated within the premises and should be given all facilities as one of office staff.

The Leprosy patients who require injection and dressing should be attended to by Dispensary or Hospital personnel.

Leprosy patient requiring admission for general complaints should be admitted and given all treatment as would be needed to any other patient of such nature.

The Medical Officer, Leprosy Control Unit should conduct way side clinic as nearer the patients house as possible to facilitate prolonged and regular treatment.

305. Admission of leprosy patients.—Since the segregation is not compulsory and isolation is not essential for control, the Leprosy patients may be admitted in the Government or Voluntary institution for the following condition in the area of :—

(*a*) Patients developing reaction.

(*b*) Patients requiring stabilisation on anti-leprosy drugs.

(*c*) Patients to be put on therapeutic trial and for research purpose.

(*d*) Patients with complications requiring specialist attention.

(*e*) Patients having complication for which there is no facility in the local hospital.

(*f*) Highly advanced cases temporarily to reduce the quantum of infection.

(*g*) Infective children cases to maintain regular treatment.

No patient need to be kept inside the hospital till their life time. The patient should be as early as possible to be made to join their home or work to avoid rehabilitation.

306. Deleted.

307. Transfer of patients.—Medical Officers in-charge of dispensaries are allowed to send to their district headquaters hospitals or taluk headquarters hospitals all operation cases for which they have no facilities. The following are the rules for defraving the expenses of indigent patients sent from an out-laying dispensary or hospital to the district headquarters hospital for operation or from the hospital in the muffusal to a hospital in Madras City or else where outside the district for expert medical treatment or for rare and complicated operations in serious cases.

1. Transfer of patients from outlaying hospitals or dispensaries to the district headquarters hospitals.—(*a*) The expenditure involved in sending indigent patients from Government medical institutions outside the district to the Government district headquarters hospital for further or special treatment should be treated as a contingent charge of the institutions from which the patients are sent. Similarly the charges incurred by the Superintendents of District Headquarters Hospitals in connection with the return to their homes of such patients will be debited to the accounts of the district headquarters hospitals in cases where such charges cannot be met from the hospital poor fund where such a fund exists.

(G.O. Ms. No. 1764, Public Health, dated 28th August 1928.)

(*b*) Panchayat Unions are authorised to sanction from their funds expenses incurred up to an aggregate of Rs. 300 a year in sending indigent patients from Panchayat Unions Hospital or Dispensaries to the District Headquarters Hospital and back for expert treatment or for rare and complicated operations.

(G.O. Ms. No. 2609, Public Health, dated 7th October 1923.)

(*c*) Expenses incurred in sending indigent patients from a municipal hospital or a dispensary to a Government District Headquarters Hospital and back for treatment should be borne by the Municipal Council concerned.

The officer incurring such charges in each case must satisfy that the person concerned is really a pauper.

(G.O. No. 121, Public Health, dated 11th February 1921 and No. 1548, Public Health, dated 11th November 1922.)

2. **Transfer of patients from a Mufussal Hospital to a Hospital in Madras or elsewhere outside the District.**—(*a*) Cases may arise occasionally in which it would be necessary or advantageous to send a patient to Madras e.g. for certain operations on the eye, for X-ray treatment or examination and possibly for rare and complicated operations. In such cases, indigent patients whether in the service of Government or not should be enabled to proceed to Madras at the Public expense District Medical Officers and other medical officers in-charge of Government institutions not below the rank of a Civil Surgon are accordingly authorised to despatch such patients to Madras on their own responsibility after satisfying themselves that the patient are really indigent for immediate treatment and then apply for sanction of the cost involved to the Director of Health Services and Family Planning In the case of persons in the service of the Government the limit of indigency should ordinarily be regarded to include only those in last grade service. The expenditure involved in such cases will be treated as a contingent charge of the institutions from which the patient is sent and should be debited to State funds.

(*b*) Medical officers in-charge of hospitals in the Madras City may incur charges in connection with the return to their homes of the patients who are sent to them under the above orders, in cases where such charges cannot be met from hospital poor funds where such a fund exists.

308. **Medical treatment of prisoners of dangerous type.**—In the case of prisoners of dangerous type, who are temporarily released and sent to civil hospitals for medical treatment, a regular police guard should be arranged for. The prisoners should in such cases be sent to the Civil hospitals only after ascertaining from the hospital authorities that separate accommodation is available. In emergency cases necessitatings the immediate removal of sick prisoners to civil hospitals in which delay in sending such prisoners to the civil hospitals is, in the opinion of the medical officer of the jail, likely to prove fatal the prisoner should be sent without delay to the civil hospitals and the hospital authorities should make the best practicable arrangments irrespective of the fact that separate accommodation is not available or not in the hospital.

[G.O. No. 1523, Law (General), dated 16th May 1934.]

NOTE.—Police guards are necessary only when prisoners likely to escape or when they are of a dangerous type and should not be arranged for prisoners who are not of either of these descriptions.

(Government Memo. No. 11661-C/41, dated 2nd May 1941.)

309. **Transfer of sick under trial prisoners from muffasal toHospital in Madras City for specialised treatment. The following procedure should be adopted for the transfer of side under trial prisoners from muffusal to hospital in Madras City for specialised treatment.**—(1) Sick under-trial prisoners in jail in the muffasal requiring specialised treatment in any of the hospitals in the Madras City should be removed temporarily to the Central Prison, Madras and taken back to their respective jails after the treatment is over subject to the condition that the transfer should be made only when it is absolutely necessary and when the under trial prisoners cannot be treated in any of the other big hospitals such as those at Madurai, Coimbatore and Tiruchirappalli if they are nearer.

NOTE.—The hospitals at Madurai, Coimbatore and Tiruchirappalli can themselves undertake practically the whole range of operations or treatment ordinarily required. The transfer of sick under-trial prisoners to Madras should therefore be the exception rather than the rule and it should be resorted to only if it becomes inevitable.

(2) The Superintendent of the Central Prison, Madras should send a consolidated requisition for arranging police guards for the prisoners while in the hospital and the Commissioner of Police, Madras should so adjust the strength of the guard according to the actual requirements as not to fritter away manpower by providing a separate guard for each individual prisoner in the hospital. Similar arangements should, if necessary, be made by the concerned Superintendent of Jail and District Superintendent of Police for arranging police guards to prisoners sent to the headquarters at Madurai, Coimbatore and Tiruchirappalli.

(G.O. No. 4586, Home, dated 22nd December 1952.)

310. **Reports of accidents and police cases.**—(1) The following classes of accidents and injuries should be reported to the police (Sub-Inspector of Police concerned).

(*a*) Accidents likely to result in the patient's death.

(*b*) Injuries the circumstances of which make it probable that some one has committed an offence. This includes all serious street accidents.

2. Seriouis cases of injuries in which there is reason to believe or suspect that an offence has been committed should be reported at once to the police so that steps may be taken for the recording of dying declarations.

The report should be conveyed over the telephone to the Central Crime Branch in the Madras City and to the local police station in the district. The time of sending the intimation and name and designation of the police officer receiving it should be recorded. Where the first intimation is conveyed over the telephone, the original report signed by the medical officer should be sent subsequently through a messenger and acknowledgement obtained. The report should be in Medical Form M-1-27.

NOTES.—1. In serious cases admitted into the hospitals as in-patients the report should state whether a dying declaration is considered necessary.

2. The Medical Officer when interrogating patients in the Casuality department will confine himself to questions of a purely professional nature in so far as they concern the immediate cause and treatment. Further details of accidents and injuries must be left for investigation by the police.

3. Whenever rape or attempted rape cases are admitted for the treatment without the knowledge of the police the parents or the relatives of the patient should be advised to report the matter to the police.

4. All cases of accidents and injuries, whether admitted into the hospital or treated as out-patients should be entered at once by the medical officer treating the patient in the hospital accident register with details including the precise treatment adopted.

5. When a written application for a wound certificate or extract from the accident register is sent by a Police officer along with patient, a certificate or extract as the case may be should be handed over at once to the constable who brings the patient. In all other cases the extracts will only be furnished on application made to the medical officer from a police officer not below the rank of a Sub-Inspector of a station.

NOTE.—The High Court has directed that, where accident registers are required in Courts, true copies of the extracts from such registers certified by the Superintendent of the hospital may ordinarily be called for and accepted, but if for any special reason, the orginal itself is called for, the register on production should be returned as early as practicable after a true copy of these entries is placed in the record.

6. The action register is a confidential record and should be in the custody of a responsible medical officer. Police officers of and above the rank of a Sub-Inspector of Police in uniform may however, on application, be permitted to refer to the book for purposes of investigation.

NOTE.—At least two accident registers should be in current use at any time so that if one is required for production in Court of for typing extracts the other may always remain in the casuality department for making entries relating to any accident, cases that may be brought to the hosiptal. Both the registers should not be taken away from the casuality department simultaneously.

7. Every facility should be afforded to the police in the execution of their duties by all hospital officials. But police officers on duty are not except in cases of emergency permitted to enter the wards without the previous permission of the duty medical officer.

8. If a Magistrate has to take a deposition of a patient, the medical officer on duty shall accompany the Magistrate and give him all necessary information regarding the case.

9. Medical Officers, if requested by a poilce officer not below the rank of a Sub-Inspector should accompany him while recording the dying declaration of patients.

10. When a death occurs in the hospital from suicide, accident or under circumstances raising a reasonable suspicion that some other person has committed an offence the medical officer concerned shall report it immediately to the Sub-Inspector of Police concerned in M.F. No. 1-74 B and ask for instruct on regarding the holding of a post-mortem examination. Bodies of such patients shall not be handed over to relatives or friends without the approval of the police.

NOTES.—(1) In all cases of accidents brought to a hospital, the patients should be carefully examined to determine the diagnosis. Complete cases history should be maintained and intimations should be sent to the Police without delay whenever a case of accident is admitted ,or whenever such a patient dies in the hospital after admission.

(2) Bodies of patients referred to above will not be handed over to relatives or friends without the approval the police.

(Surgeon-General's P. No. 1-E, dated 3rd January 1927,
Surgeon-General's P. No. 228-E, dated 18th September 1933 and
Surgeon-General's P. No. 135-E-2, dated 29th June 1945.)

311. **Rendering of expeditious medical aid to victims in murder Cases.**—Timely and expeditious medical assistance should be made available to victims in murder cases in an attempt to save their life, if possible, and no time should be lost in removing them to hospital. While the process of law should be fulfilled victims to murderous attacks should not be made to give repeated statement or undergo repeated examinations which entail great strain on them in their serious condition. They should not be left uncared for, when it is possible to look after them or give them timely medical aid in order to save their lives.

(G.O. No. 1643, Home, dated 8th May 1952 and Director of Helath Services and Family Planning Circular P. No. 130-AI/52, dated 14th May 1952.)

312. **Accidents and injured cases brought to a hospital or Dispensaries during the temporary absence of the medical officer Instruction.**—The Medical officers in-charge of hospitals and dispensaries should inform the local police when they go on casual leave closing the institutions or leaving it in charge of Pharmacists so that the police may make necessary arranements to take all medico-legal cases to the hospital or dispensaries where a medical officer may be available. In cases where seriously injured are taken to the hospital or dispensary direct by private parties, the Pharmacists should render first-aid according to the existing practice (*See* paragraph 291) and advise the parties to take the patient to the nearest hospital or dispensary. He should also formally inform the police of the arrival of such a case in the hospital or dispensary so that the police may make necessary arrangements for the removal of the case to the neatest hospital or dispensary where a medical officer may be available.

(Surgeon-General's P. No. 218-M, dated 24th September 1939.)

313. **Despatch of information regarding hurt, accident, etc., to the Police in place where there are no police stations or out -posts.**—In places where there is no police station or out-post but where there is a medical institution, the medical officers in-charge of such institutions and private medical practitioners should observe the following instructions in regard to transmission of information regarding accidents, etc., coming to their notice in the course of their professional work :—

(1) Medical Officers incharge of medical institutions should send information on all cases of roads accidents coming to their notice in the course of their professional work to the nearest police station or out-post through village headman.

(2) Medical Officers need not report cases of simple hurt and even in regard to cases of hurt other than simple hurt, they need communicate the information only if the victim volunteers the information that it is a case of hurt other than simple hurt. They need not also be concerned with reporting and recording the name of the alleged assailant unless the information is volunteered by the victim himself.

(3) Village headman should transmit to the police station or out-post through their talaiyaris information regarding cases of hurt other than simple hurt, accidents, etc., sent by medical officers in-charge of medical institutions and also by private medical practitioners expeditiuosly as possible.

(G.O. Ms. No. 1236, Home, dated 4th April 1952 and Director of Health Services and Family Planning Circular P. No. 140-M/52, dated 18th April 1952.)

314. **Motor ambulance and motor buses.**—Motor ambulance are kept at the Government General Hospital, Madras and certain other hospitals in the city and the muffassal for the use of the public for the conveyance of the sick. Applications for their use should be made to the Resident Medical Officer or duty or in his absence to the Assistant Surgeon on duty or the Head Steward of the hospital concerned. The chaffeurs in-charge of these motor vehicles are available at any time both by day and night.

314.-A. **Use of departmental vehicles or hiring of Vehicles in lieu thereof for for the transport of dead bodies of Government Servants.**—The body of a Government servant who dies while in service should be transported at Government cost to his place of residence or place of cremation or to his native place as desired by the members of the family of the deceased Departmental vehicles may be used wherever possible. If a Departmenta vehicle is not readilly available, a vehicle could be hired for the purpose at the cost of Government. It is the responsibility of the Head of the office concerned under whom the Government servant was employed to decide about the availability or otherwise of the Departmental vehicle and to go in for a hired vehicle for transporting the body of the deceased Government servant. The actual expenditure will have to be met from out of office contingencies. In cases where the expenditure has been incurred by the family of the deceased Government servant, it may be reimbursed by the Head of office concerned after satisfying himself about the reasonableness of the claim. No rate of mileage is prescribed for the purpose.

(G.O. Ms. No. 2630, Home, dated 13th October 1972 and Government Memo. No. 174263/ Transport-IV 72-10, dated 4th May 1973.)

315. Poor funds.—"Poor funds" have been established in most of the Government hospitals in pursuance of the press communique issued in G.O. No. 362, Medical, dated 31st July 1918. The funds are supported entirely by voluntary subscriptions realized through the poor fund boxes from patients the staff of the hospitals and their friends and are intended primarily to be utilized to provide poor and deserving patients with comforts, e.g., crutches, artificial limbs and other appliances, etc., and in paying railway fares of those whose homes are away.

(2) The following rules have been framed for the guidance of medical officers in charge of Government hospitals and dispensaries in regard to the disposal of poor fund money :—

(i) Two books should be kept in connection with this fund, viz., (1) a cash book and (2) an order book.

(ii) Poor fund boxes should be opened at least once a month in the presence of the medical officer in-charge or of a responsible person deputed by him.

(iii) A personal deposit account should be opened in the local treasury to accommodate transactions relating to the Poor Fund Collections. If a personal deposit account has not been opened for the purpose, the Government should be addressed through the proper channel to sanction the opening of a personal deposit account in the nearest treasury in the name of the heads of the institution to accommodate transaction relating to the Poor Fund Collections. A definite sum authorized by an entry in the order book should be retained in the cash box for current expenditure. The monthly and annual reconcilation of the balance in the personal deposit account should be done and certificates recorded in the poor Fund Account.

(iv) All items of expenditure must be entered in the cash book.

(v) All items of recurring expenditure must be authorised by an entry in the order book.

(vi) All alterations in the amounts of any one item of recurring expenditure must be authorized by an explanatory entry in the order book.

(vii) All transfers of sums to other charities connected with the hospitals must be authorized by an entry in the order book.

(viii) A separate account must be kept of all articles of dead stock instruments, appliance, etc., purchased from the poor fund.

(ix) In the interpretation of these, rules the principle should be followed be that the fund is intended solely for the benefit of the poor patients in hospitals and should be expended for the increase in their comfort and well being and for no other purpose. Unless in exceptional cases (the nature of which should be recorded in the order book) no expenditure may be incurred on any object the cost of which legitimately falls upon Government.

(3) The Government have directed that those accounts should be test-audited by the inspecting staff and the Outside Audit Department of the Accountant-General, Madras, during the course of inspection of the accounts of the hospital concerned.

(4) The detailed instructions contained in paragraphs 99 to 105 of the booklet "Instructions regarding maintenance of Accounts, etc., in State Medical Institutions" in regard to the disposal "Poor Fund" money should be followed.

(G.Os. No. 362, Medical, dated 31st July 1918, Ms. No. 638, Finance, dated 7th August 1926 and Ms. No. 412, Public Health, dated 13th February 1929.)

Section 3—Police Hospitals.

316. Treatment of Policemen.—Policemen should be treated in hospitals or dispensaries including Rural Dispensaries of modern or/and Indian medicine nearest or most accessible to their stations. They need not be removed to a separate police hospital or District Headquarters Hospital but may be retained and treated in the nearest hospital easily accessible if the medical officer attending on them considers that the complaint is one which could be treated by him properly and cured by him. If the medical officer however is of opinion that their transfer to a separate police hospital or District Headquarters hospital is necessary considering the nature of illness (*see* paragraph 307) he should ascertain before hand except in emergent cases whether accommodation will be available for them in the hospital to which they are proposed to be sent and then arrange for their transfer.

(G.O. No. 1670, Public Health, dated 8th May 1939, No. 2739, Public Health, dated 21st June 1940 and No. 1403, Health dated 15th April 1953.)

317. Cost of treatment of Policemen.—(1) Policemen treated in police hospitals in special police wards attached to Government, Panchayat Union or Municipal hospitals will be treated as other Government servants in the matter of recovery of hospital charges. Where local bodies maintain police wards the charges incurred by them will be paid by the Government in the manner provided in paragraphs 4 and 6 of G.O. No. 68, Medical, dated 19th September 1916. Charges for diet will be recovered from Gazetted Police Officers when they are treated in Government Hospitals as per scale in paragraph 456 and credited to Government.

(2) Special Police Officers injured on duty and admitted to Government medical institutions are entitled to free accommodation, diet and treatment. When they are admitted to Panchayat Union or Municipal medical institutions the charges, if any, leviable from them under the rules of the institution will be borne by the Government.

(3) When Policemen are treated as out-patients or as in-patients of a hospital where no special arrangements are made for their treatment, they will be subject to such rules as are applicable to other persons of the same status at the hospitals in question; any charges leviable on them under the rules of the hospital will be borne by the Government.

(G. O. No. 622, Medical, dated 16th November 1920, No. 364, Public (Police), dated 3rd August 1934 and No. 1991, Public Health, dated 22nd August 1934.)

318. Control of police hospital staff.—(1) District Medical Officers and Civil Surgeons exercise the powers of appointing, punishing and granting leave to servants employed in police hospitals under their control. Such orders regarding the establishments need not be communicated to Superintendents of Police.

(2) Deleted.

Section 4—Buildings.

319. Allotment of works to department.—The Public Works Department is responsible for the execution of all works which the Government have not specifically allotted to other departments—*See* Articles 150 to 155 of the Tamil Nadu Financial Code, Volume-I.

320. Lime-washing of Government Hospitals.—All Government medical institutions in the State shall be lime-washed once a year departmentally, detailed measurements being obtained from the Public Works Department. The amount required should be included in the budget of each institution.

(G.O. No. 869, Public, dated 18th October 1895, and Surgeon-General's Circular P. No. 130-G, dated 3rd September 1934.)

321. Petty construction and repairs.—Execution—Assistance to be rendered by Public Works Department Officers—In the matter of execution of works of petty construction and repairs relating to the buildings in the Medical Department, in the Officers of the Public Works Department should assist the medical officers whenever such assistance is requisitioned even though the works do not require skilled advice or professional supervision.

(G.O. No. 2673, Public Works, dated 19th November 1936.)

322. Power to sanction expenditure on works.—The authorities specified below may sanction estimates for expenditure on the construction and repairs of buildings up to the limits shown below :—

Sanctioning authority.	*Maximum limit of sanction.*
(1)	(2)
Director of Health Services and Family Planning/Director of Medical Education ..	2,500
District Medical Officers, Superintendents of District Headquarters Hospitals and Civil Surgeons.	250

(G.Os. No. 173, Public Health, dated 25th January 1928, and No 2344, Public Health, dated 5th December 1931.)

323. Petty Works and repairs.—(1) Construction of petty buildings and the execution of ordinary repairs to all civil buildings up to a limit of Rs. 5,000 shall ordinarily be undertaken by the departments using or requiring them out of the funds placed as their disposal in the Civil Budget Estimates subject to the following conditions :—

(i) That no structural alterations to building, in chage of the Public Works Department is involved;

(ii) That the repairs to roofs should be confined to only trifling items: and

(iii) That the assistance of officers of the Public Works Department is secured whenever the works undertaken under these rules, require technical skill or professional supervision.

(2) The provisions of sub-paragraph (1) above do not apply to the following buildings the maintenance and repairs of which, irrespective of the cost, devolve on the public Works Department.

(i) All buildings in the city of Madras;
(ii) All Official residence: and
(iii) buildings which have been specifically placed in charge of the Public Works Department for maintenance and repairs (as per Appendix X of Tamil Nadu Financial Code, Volume II). These include the District Headquarters Hospital at Thanjavur, Madurai, Coimbatore, Tiruchirappalli.

The heads of the Government Medical Institutions noted in the margin may however and carry out departmentally in each year up to the limit specified against each, urgent petty works and repairs such as the renewal of broken tiles or panes or glass and repairs to chimneys or floors which do not require techinical skill or professional supervision by the Officers of the Public Works Department and that the Deans of the Madras Medical and Stanley Medical Colleges and the Deans of Government General Hospital and Government Stanley Hospital, Madras, Superintendent, Government Hosital for Women and Children, Madras, the Superintendent, Government Mental Hopsital, Madras may obtain estimates direct from the concerned section officers of the Public Works Department for petty construction work and petty repairs of an urgent and essential nature such as those referred to above costing not more than Rs. 1,000 at a time up to a limit of Rs. 4,000 per annum for the College Hospital, Hospital Building as the case may be.

MADRAS CITY STATE HOSPITALS.

	RS.
1. Government General Hospital	750
2. Government Hospital for Women and Children	300
3. Government Mental Hospital	300
4. Government Stanley Hospital	300
5. Government Ophthalmic Hospital	250
6. Government Kilpauk Medical College Hospital	250
7. Government Royapettah Hospital	100
8. Government Tiruvotteeswarar Tuberculosis Hospital, Otteri	100
9 Government Tuberculosis Hospital and Institute	100
10. Government Kasturba Gandhi Hospital	100

DISTRICT HEADQUARTERS HOSPITALS.

	RS.
1 Government Headquarters Hospital, Madurai at Dindigul	300
2. Government Headquarters Hospital, Coimbatore at Erode	100
3. Government Headquarters Hospital, Thanjavur at Nagapattinam	200
4. Government Headquarters Hospital, Tiruchirappalli	2,000

The above works may be sanctioned by the competent officer of the Medical department and executed without reference to the Public Works Department high authorities. The expenditure involved into the execution of such works will be met from out of the grant availble for petty construction and repairs for medical Institutions. Copies of all such estimates should however be sent to the concerned Executive Engineers.

All petty construction and repairs not of an urgent nature will be executed by the Public Works Department.

(3) Deleted.

(Paragraph 97 of the Public Works Department Code, G.Os. No. 2841, Health, dated 9th August 1950, No. 4489, Health, dated 31st December 1951 and No. 1921, Health, dated 20th May 1953.)

324. **Power to execute petty electrical works.**—As a general rule, the Executive Engineer concerned is in charge of the electrical installations in all Government buildings whether borne on the Public Works register or not, EXCEPT those maintained under the control of the Electrical Engineer (General) and Superintendents of Jails and Borstal Schools and Headquarters of Certified Schools and should carry out the necessary repairs (including small extensions) to the installations with the help of the electritians or wiremen employed under him. The expenditure on such repairs should be debited to the Public Works Department budget. Rules relating to the limit of expenditure on the maintenance of electric installations in Government buildings are contained in Article 186-A of the Tamil Nadu Financial Code, Volume I.

"(2) The heads of Medical Institutions mentioned in item No. (27) of Part II of Appendix I, however, may carry out departmentally petty electrical works at a cost not exceeding Rs. 50 (Fifty) at a time subject to the condition that the total limit of expenditure for petty construction and repair work fixed for the year for individual hospitals in the preceding paragraph is not exceeded.

325. **Maintenance of a site plan of each hospital, etc.**—Medical Officers, should maintain a record book or file of each Hospital in their area including District Headquarters Hospital with the site plan drawn up to scale showing the location of all permanent and temporary buildings in Hospital compound.

(Surgeon-General's circular P-40/C, dated 18th February and 11th March 1932.)

326. **Official Residence.**—Rules and administrative instructions issued from time to time by the State Government under Fundamental Rule 45 which deals with the provision of residences for Government servants and the recovery of rent thereof appear as subsidiary rules under rule 45 of the Fundamental Rules.

Every head of an office should furnish to the Executive Engineer concerned not later than the 15th of every month a statement in common, form 307 showing the names, designations, emoluments, etc., of all Government Servants belonging to that office who occupy quarters provided by the Government and the charges in the occupancy of such buildings whether rent is payable for them or not (*see* also Article 14 of Tamil Nadu Financial Code, Volume-I).

327. **Electrical energy charges.—Service connections Payment during vacancy period.**—When a residential building is vacated by an Officer the head of the office concernze in the Department, in whose charge the building is, should ask the supplier of electric energy to cut off the supply only in cases where the total of the minimum charges for the installation leviable by the supplier for the complete calendar months the building is expected to be vacant would be more than the reconnecting fee. In cases where the building is likely to be vacant only for a short period the meter and minimum charges may be paid by Government, the charges being debited to the annual maintenance estimate.

(G.O, No. 2371, Public Works, dated 31st October 1934.)

328. **Programme of Medical Buildings.**—(1) A definite plan should be followed in the matter of the preparation of detailed plans and estimates for medical buildings proposed to be constructed. For this purpose, two sets of statement should be submitted to Government in April every year viz. (*a*) one set in respect of works costing less than rupees one lakh and (*b*) another respect of works costing rupees one lakh and more. The statements should be accompanied by preliminary plans and approximate estimates for the new works proposed. In the case of new works costing rupees fifty thousands or more, the procedure laid down in paragraph 329 should be followed before the submission of the preliminary plans and approximate estimates. On receipt of the above statements, Government will decide which of the new works proposed should be selected for the preparation of detailed plans and detailed estimates.

(2) After the selection of new works in accordance with paragraph 1 above, the Director of Health Services and Family Planning/Director of Medical Education may at his discretion, submit to the Government during the course of the year other new schemes for sanction provided that he considers that there are exceptional reasons for doing so.

(3) Minor works, i.e., those estimated to cost Rs. 10,000 and less are not include in the programme of medical buildings. The Director of Health Services and Family Planning/Director of Medical Education may, at his discretion, select the minor works which he regards as urgent and after obtaining competent sanction arrange for their execution. The expenditure on such works should be met from the lump sum allotment for minor works under the head "280. Medical —A. Allopathy—b. Medical Relief—I. Non-Plan BE Building—02. Minor Works."

(G.O. Ms. No. 3053, Public Health, dated 26th August 1938.)

329. New Schemes.—System of preparation of plans and estimates.—The following procedure should be observed in regard to the execution of schemes costing Rs. 50,000 or more for the construction or reconstruction, extension or improvements of buildings :—

(1) In the preparation of approximate estimates and preliminary plans for administrative approval, the ordinary rules in the Public Works Department Code will be followed in regard to all buildings except hospital buildings. Before the Chief Engineer submits to Government approximate estimates and preliminary plans relating to hospital schemes, they will be scrutinized by a committee consisting of the Director of Health Services and Family Planning/Director of Medical Education, the consulting Architect to Government, an Officer of the Medical Department to be selected by the Director of Health Services and Family Planning and Director of Medical Education and an Executive Engineer who has had considerable experience of the construction of buildings. If the scheme relates to a mufassal hospital and personal inspection by the committee is considered necessary, the member of the committee visiting the site may draw travelling allowance. The plans should then be scrutinized by the Chief Engineer.

(2) As soon as possible after administrative approval is obtained to any building scheme detailed plans and estimates should be prepare with lumpsum provision for electrical and sanitary fittings. When the outline of the detailed plans is ready, the Consulting Architect to Government should consult the head of the Department. The head of the department must obtain the advice of and circulate the plans to experienced officers of his department. In the case of all medical buildings, the Director of Health Services and Family Planning/Director of Medical Education should consult and circulate the plans to two experienced doctors and an experienced Nursing Superintendent who has practical knowledge of her branch of the administration of a large hospital. The head of the department concerned should consider specifically such points as lay-out and orientation of the Building on the site with an eye on sanitation, water and electrical supplies and the suitability and economy of the arrangement of the buildings. The Consulting Architect to Government should ascerta'n the exact requirement from the head of the department and incorporate them in the plans which are to be countersigned. The plant countersigned by the head of the department should not be altered subsequently without the sanction of the Government (*see* also Appendix 12 of Tamil Nadu Financial Code, Volume II).

(G. O. No. 1792, Public Works, dated 23rd July 1941.)

330. Minor Works—Preparation of a programme of works.—The following procedure should be followed in dealing with the minor works in the Medical Department:—

(1) Priority lists of minor works arranged in the order of urgency should be prepared by the District Medical Officers (One for each District) Superintendents of Hospitsls in the City and the Director of King Institute and submitted for the approval of the Director of Health Services and Family Planning/Director of Medical Education. The Director of Medical Education should prepare a consolidated priority list for all the medical institutions in the city.

(2) The Officers concerned should submit to the Director of Health Services and Family Planning/Director of Medical Education every year lists showing the names and estimated cost of the minor works proposed to be executed in the following financial year. A list of minor works costing over Rs. 2,500 and a list of minor works costing less than Rs. 2,500 should be submitted every year before the dates prescribed for the purpose.

(3) As soon as the Director of Health Services and Family Planning/Director of Medical Education receives intimation that the appropriation for minor works has been voted by the Legislature he should communicate to the District Medical Officers, Superintendents of hospitals, the Director, King Institute, Guindy.

A list of new works to be executed in the financial year specifying the amount allotted for each work.

(4) On receipt of the orders relating to the allotment of funds, the District Medical Officers or other officers concerned should see that steps are taken by the Executive Engineers concerned for the early starting of the works for which funds have been allotted, if during the course of the year, they find that a work which has not already been included in the priority list,has to be carried out urgently they should obtain sanction of the Director of Health Services and Family Planning/Director of Medical Education for taking up that work and for diverting the sanctioned allotment from a less urgent work or should apply for more funds.

(G. O. Ms. No. 261, Public Health, dated 3 0th June 1937 and Surgeon General's circular P. 25-G, dated 17th February 1937.)

331. Grants for minor works.—Procedure for avioding lapse in.—The following proceudre should be adopted to avoid lapse in the grants for minor works:—

(1) The first quarter of the financial year is, in most respect, very suitable for the execution of works and repairs while it is also the season when agricultural operations are slack. It is not possible in th case of new schemes of expenditure to make preliminary arrangements and start work in the first quarter of the financial year or to do very much in that quarter since it is not

ossible to enter into any commitment before funds are actually voted by the legislature. But in the case of works in progress, minor works maintenance and repairs for which is it known denfinitely that provisions will be made, the first quarter of the financial year should be made a busy spending period and 75 per cent of the provision made inthe departmental budget on minor works and on maintenance and repairs may be incurred.

(G. O. No. 93, Finance, dated 3rd April 1940).

(2) Provision should be made for expenditure in excess of the budget provision by 10 per cent to allow for delays in starting the works savings on the construction,etc. On receipt of reports regarding savings from the Superintending Engineers, additional new works to utilise the savings may be proposed. It will not, however, be possible to incur expenditure before the close of the year on any new work brought forward later than January as there will not be time to get the estimate sanctioned and to arrange the prelimanaries before starting a work.

(Chief Engineer's No. 1939-B/36, C.R., dated 12th November 1936).

332. **Minor works Costing less than Rs. 100.**—Works costing less than Rs. 100 need not be included in the proposals for minor works by heads of departments. The Chief Engineer, Public Works Department (General Buildings) has authorised the Executive Engineers to carry out without appropriation all minor works costing less than Rs. 100 and to apply for funds on their account in the modification statement.

(Surgeon General's P. No. 190-G, dated 25th August 1938.)

333. **Compound Walls.**—All proposals for the construction of compound walls even if the expenditure on them can be met from the minor works grant,should be submitted to Government for sanction.The above orders apply also proposals for the provision of in wire fencing and for improvements to existing compound walls but they do not apply to repairs to compound walls including wire fencing.

(G. O. Ms. No. 1025, Public Works Department, dated 24th April 1939 and No. 1732, Public Works, dated 15th August 1940.)

334. **Provision of Chicks.**—Wooden lattice work should be substituted for chicks in the case of small buildings. If wooden lattice work is objected to, the provision of chicks must be made by the occupant at his own expense.

(G.O. No. 167, Public Works Department, dated 6th February 1925, Government Memorandum No. 45148-D1, Public Health, dated 13th November 1934, and Surgeon General's P. No. 195-G, dated 7th July 1939.)

335. **Wells in Hospital Compounds.**—In order to avoid the incidence of cases of hospital patients committing suicide by drowing in the wells situated in hospital copounds, iron gratings should be put over the wells in the compound of all hospitals and dispensaries and care taken to close the wells during the nights when not in use.

(Surgeon General's P. No. 216, Health, dated 24th November 1938.)

336. **Repairs to buildings borne on the registers of the Public Works Department.—Report regarding.**—Medical Officers who carry out repairs to hospital buildings from annual budget allotment placed at their disposal for petty construction and repairs should furnish the Executive Engineer concerned the amounts spent on repairs.

(G. O. Ms. No. 1291, Public Works, dated 24th June 1938 and Surgeon Genera's Circular P. No. 163-G, dated 1st Decembe 1938.)

337. **Electric bulb and lamp charges.**—(1) The purchase of electric bulbs (ordinary incondescent bulbs) required for the Government non-residential buildings should not be purchased locally immediately whenever the stocks of bulbs are exhausted. Officers requiring bulbs for use in office and institutions under their control should place indent sufficiently in advance for the requirements of electric bulbson Director of Supplies and Disposals, Madras-6 or to the Electrical Engineer, P.W.D., Madras-5. If the bulbs could not be supplied by theDirector of Supplies and Disposals, Madras-6 or by the Electrical Engineer, Public Works Department, Madras-5 then the bulbs may be purchased locally by calling quotations from various leading electric dealers or manufacturers and accepting the lowest quotation offered.

Whenever fluorescent tube lights required for more than three numbers, orders should be placed by indents on the Director of Supplies and Disposals, Madras-6 or to the Electrical Engineer, P. W. D., Madras-5. Local purchase for fluorescent tube lights is resorted to only if the number of tube lights required is less than three numbers at a time.

(Director of Health Services and Family Planning Office R. No. 5131/P and D-I/67, dated 11th January 1968).

(2) (*a*) As an exception to the above rule, the supply an stock of bulbs for electrical installations required for non-residential buildings in the Madras City, Ootacamund, Coonoor and Coimbatore which are under the control of the Electrical Engineer (General), Madras, will be made by the Electrical Engineer (General), Madras. The lamps will be handed over to the Departments as and when demanded and the cost debited to the budget of the respective departments.

(*b*) The indents for bulbs for a half year commencing from 1st April to 30th September or from 1st October to 31st March should be submitted to the Director of Health Service and Family Planning Director of Medical Education by the 15th February or 15th August of each year in the form service annexured. Indent should not be send of small quantities.The indents received from Subordinate Officer will be consolidated by the Director of Health Services and Family Planning Director of Medical Education and sent to the Medical Engineer (General), Madras, for compliance. Piece-meal indent will not be complied with.

(*c*) The supply of bulbs to various offices and institutions will be made by the Electrical Engineer (General), Madras on receipt of the consalidated indent from the Director of Health Services and Family Planning Director of Medical Education. In the case of Offices and institutions in the city of Madras arrangements should be made to send a responsible person with the necessary authorisation to take delivery of balbs on receipt of information from the Electrical Engineer (General), Madras, that the lamps are kept ready for delivery. The delivery lamps will be made between 3 and 5 p.m. on working day. In the case of mufassal stations, the bulbs will be booked to the nearest railway station on receipt of the indents.

(G.O' No. 1947, Public Works, dated 19th May 1950,
Government Memorandum No. 72181/50/Expt., A Finance, dated 14th November 1950,
Surgeon General's P. No. 53-A1, dated 9th March 1950,
Surgeon Generals' P. No. 162-A2, dated 22nd June 1950 and
Surgeon General's P. No. 35-A2, dated 3rd February 1951.)

ANNEXURE.

INDENT FOR STORE.

INDENT No.

On the Electrical Engineer (General),

Madras, dated

Description.	Numbr of quantity.	Head of account.	Remarks.
(1)	(2)	(3)	(4)

These materials should be despacthed to address to which railway receipt should be sent : Railway station to which the consignments are to be booked :

Indenting Officer.

Certificate to be signed by the Indenting officer.

1. As the materials indent for by me cannot be taken over personnaly from your stores, I request you to kindly arrange to despatch them passenger train, freight 'to pay'.

2. I accept all incidential charges towards packing, carriage, etc.

3. I accept all responsibility for any breakage or loss during transit.

4. The debit that might be raised by you will be accepted by me in full.

Signature of Indenting Officer with designation.

338. Deleted.

339. **Construction of cottages in the compound of the Government Tuberculosis Sanatorium, Tambaram—Procedure laid down.**—The following procedure should be adopted for the construction of cottages in the compound of the Government Tuberculosis Sanatorium, Tambaram patients who are anxious to secure immediate admission.

(1) The cottages already put up in the compound of the sanatorium prior to 8th September 1950, with reference to the orders in G.O. Ms. No. 862, Public Health, dated 15th March1938, which are made of brick walls and plaster and thatched roofing should be left as they are New occupants of these cottages should be asked to renew the roofing and effect necessary repairs to the walls etc., before occupation. When the cottage become completely irrepairable, they should be scrapped.

(2) No new thatched sheds of any design should be allowed to be put up after 8th September 1950 as such thatched sheds do not stand up to the climate and require frequent and costly repair.

(3) New cottages should be constructed with durable walls and roofing. These should be double cottages with hollow bricks and mangalore tiles or cement asbestos roofing to house one patient and an attendant in each unit. The cost of each double unit will be Rs. 4,950 roundly. Construction should be by private contractors under the unofficial supervision of the Madras City Improvement Trust. The Trust should see that the cost does not exceed Rs. 3,950 per double unit.

(4) A sum of Rs. 2,475 should be collected from each well-to-do patient who wants special accommodation urgently and on payment of the amount he should be admitted immediately into the sanatorium in a vacant cottage, the construction of a double oottage, being taken up, immediately after two such patients have paid Rs.4,950 in all. No Special treatment in regard to hospital charges, etc., need however to be accorded to these patients.

(5) As a starter and as an incentive to well-to-do patients to fall in with the scheme, the Government themselves will put up a double cottage at the cost adopting the procedure suggested in sub-paragraph (3) above for execution. Thereafter the construction of double cottages may be taken up as soon as two patients have deposited Rs. 4,950 and occupied the cottages, starting with those constructed by Government.

(G.O. No. 3147, Health, dated 8th September 1950 and G.O. No. 3035, Health, dated 6th September 1951.)

340. **Electric fans.**—The following general rules are laid down for regulating the use of electric fans in public offices and institutions.

(i) All Gazetted Officers will be permitted the use of electric fans throughout the year but care should be taken not to use the fans unnecessarily.

(G. O. Ms. No. 2471, Public Health, dated 6th June 1940.)

(ii) In the case of non-gazetted establishments, the use of fans should ordinarily be limited to the months of April to September, but it may be exteuded to the months of March and October at the discretion of heads of offices if the coneession is really necessary. In the *exceptional cases*, heads of departments may allow the use of electric fans during the other parts of the year, if they are satisfied as to the necessity for the concession. This concession subject to the condition that the expenditure does not exceed the appropriation placed at the disposal of the office.

(G. O. No. 672, Finance, dated 27th December 1911.)

341. **Upkeep of compounds attached to Government buildings.**—The following rules for the proper upkeep of the compounds attached toGovernment buildings included residences in-charge of the Public Works Department should be observed.

(1) (a) The occupant of a Government building or residence shall be responsible for the proper care and upkeep of trees, shrubs and hedges in the compound and will also see that the compound is kept in proper order.

(b) No tree or main branch of a tree shall be cut without the Executive Engineer's concurrence.

(c) The ground of the compound shall not without the concurrence of the Executive Engineer be broken for any purpose except that of gardeningin the ordinary sense of the word. and this sense shall not include the digging of pits, ponds or well for watering purposes,

(d) Bushes and shrubs planted in the ground are the property of the Government and may not be cut down or removed from the compound without the concurrence of the Executive Engineer; but this concurrence shall not be required for such cutting down uprooting or trimming of any bush or shrub or lopping of any tree as may be necessary for the proper maintenance of the the garden.

(2) The compounds of Mental hospitals will be exempted from the operations of the above rules and will be in sole charge of the Superintendents.

(3) There is no objection to the sale of usufruct of the existing trees or of the right to cut (not uproot) grass in the compounds of public buildings. The question of permitting grassing in such compounds will be left to the discretion of the district head of the department occupying the building.

(G. O. No. 1055, W., dated 1st August 1912.)

342. Sale of garden produce.—Medical Officers in charge of Government institutions and Mental hospitals shoud observe the following instructions regarding the sale of garden produce:—

(1) A separate cash book named "Garden Produce Account" should be maintained in every hospital in which the amounts realised from sale of garden produce such as grass, mangoes etc., should be accounted for; and the amounts so realised credited to Government. The amounts realized by Mental Hospital and Labour manufacturers, etc., should be similarly dealt with.

(2) The expenditure incurred on the compounds for the proper maintenance of garden such as the wages of maistry, coolies for weeding and cutting grass, cost of seeds and flower pots etc., should be met from the contingencies of the institutions concerned.

(3) The hospital staff should not be allowed to purchase garden produce at nominal rates. It should be sold to all buyers at the same rates.

(4) Wood obtained from old and useless trees should be taken into store and utilized for purely Government purposes and credited in the same way as stated in clause (i) above.

(G.O. Ms. No. 376, Public,, dated 20th April 1903 and Surgen General's P. No. 300-A, dated 26th September 1927.)

343. Sale of usufruct of trees, etc.,—The sale of usufruct of trees, grass, etc., should be made periodically to the best advantage of the Government. The sales should be made by Public auction after due publicity has been given. When the amount of lease is more than Rs. 100 or the period of lease exceeds one year, an agreement in the form prescribed in paragraph 345 of the Public Works Department Code should be entered into with the lease holder. The auction of usufruct trees in Government Medical Institutions should be conducted by Public Works Department.

(Surgeon-General's P. No. 260-A, dated 6th September 1930, G. O. Ms. No. 1004, Public Works, dated 26th July 1974.)

344. Buildings—Excess pipe water charge—Procedure for recovery from contractors.—(1) The following procedure should be adopted for the recovery of charges for municipal water used by contractors in the execution of works in the City of Madras.

(i) *Residence.*—When original works or repairs are carried out in a Government residential building and municipal water is used by the contractor, the occupation of the residence should intimate to the Executive Engineer of the division concerned the amount of the excess water charges demanded by the Corporation of Madras for the month in which the works were under execution. The Executive Engineer will then calculate the amount recoverable from the contractor, pay to the occupant without delay and take action to recover it from the contractor.

(ii) In the case of an office building, the head of the office should intimate to the Executive Engineer of the Division the excess charges demanded and pay the whole amount of the bill to the Corporation. The Executive Engineer will then fix the contractor's share and credit it after recovery to the occupying office recaptss under the major head of the department concerned.

(2) The quantity of the water used by a contractor should be assumed to be the difference between the average consumption of three months previous to the month in which the work was started and the actual consumption during themonth or months in which the work was executed.

(G. O. No. 2064, W., dated 24th July 1929.)

345. Protection of Government buildings against fire.—The rules governing the protection of Government buildings against fire are given in Appendix XIX of Volume II.

(G. O. No. 2903, Public Works, dated 10th December 1941).

346. Spitting in Buildings.—Notices in English and the languages of the district prohibiting spitting shall be put up in prominent places in public buildings.

347. Classification of mortuaries.—Mortuaries are provided by Government as per standard plans wherever post-mortem examinations have to be carried out for judicial purposes. They are classed as major and minor according as they are attached to hospitals at important and unimportant or less important centres. Mortuaries attached to hospitals at important centres such as taluk headquarters should be classed as major and those attached to other hospitals or dispensaries, i. e., at less important centres as minor. A design for a cheap post-mortem shed (viz. C.A. No. 8 of 1938), has been approved by Government in G.O. No. 875, Public Works, dated 30th April 1938.

(G. O. No. 3290, W., dated 13th November 1929 and Government Memorandum No. 19332, WC/30-2, dated 28th June 1930.)

348. Construction of mortuaries.—(1) The construction and maintenance of all mortuaries will be undertaken by the PublicWorks Department and the expenditure relating thereto charged to State Revenues and debited to "280. Medical—A. Allopathy—b. Medical Relief—Buildings" according as the expenditure is on the construction of post-mortem sheds or on the maintenance and repairs to post-mortem sheds.

(2) Post-mortem sheds are entirely in the administrative charge of the Medical Department and Collectors and District Magistrates of Districts have no control over them.

(3) The District Medical Officer will be responsible for reporting to the Public Works Department, when mortuaries in their jurisdiction require repairs.

(G. O. No. 2444, W., dated 30th August 1930, G. O. No. 740, Home, dated 22nd March 1954 and G. O. No. 383, Health, dated 2nd February 1955.)

349. Requisition for construction of mortuaries.—(1) Requisition for the construction of mortuaries should be submitted to the District Medical Officer. When possible the mortuaries should be situated near the Police Hospital if there is one and not in close proximity to the civil hospital or dispensary.

(2) All morturiesare under the administrative control of the District Officer or the Civil Surgeon and should be classified as 'Medical' in the registers of the Public Works Department. Estimates for the construction and repair of mortuaries should be dealt with in the same manner as other Government buildings of the Medical Department.

(G. O. No. 480, W., dated 24th February 1931 and G. O. No. 746, Home, dated 22nd March 1954.)

350. Furniture for a mortuary.—(1) A post-mortem or a dissecting table 6½' x 3' x 3' lined on the top with merble or white porcelain top with a slight incline from the age to the centre through which a hole passes for drainage with swan necked water taps one at the head of the table and one at the sink attached to the post-mortem table.

(2) A small writing slab with a white porcelain tile or marble slab fixed to the wall at the height of a standing writing desk.

(3) Enamel buckets.

(4) Glazed stone were sink with a isolated slab at one end which should be covered with a white porcelain tiles or marble and slopped towards the sink; the slab is used for cutting up of organs.

(5) A side room with facilities for storing sterlised Aprons, Mackintosh and post-mortem instruments and gloves, microscope freeing mdcrotome, and accessories, wall cupboards.

(6) A trolly type weighing machine for weighing bodies along with a metal strectcher.

(7) A weighing machine 'Avery ' type with double pan for weighing organs maximum 2 Kg. Senitinity one gram along with accessories. Pans should be made up of stainless steel.

(8) A metal scale in cartimetres on 2 metres length.

(9) A metal scale 30 cms. length.

(10) Wedges and wooden blocks for steadying the body.

(11) Operation theatre ceiling lamp 1 metre diameter above the post-mortem table in the middle with provision for chaning the direction and inclination.

(12) Lamps stand 3 metres height with caster wheel for movement with provision for reflector for focussing light.

(13) A 'Arc' shaped gallery to accommodate 50 students (10 x 5 rows.)

(This provision should be available in all mortuary's attached to Medical Colleges.)

(14) A long sink attached to one of the water inclined 20' x 22' x 1' with water tap at one end drainage at other end for washing small and long intestines.

CHAPTER XIV

HOSPITALS AND DISPENSARIES UNDER LOCAL BODIES.

Section 1—General.

351. **Position of District Medical Officers.**—The Panchayat Union and Municipal Institutions in which Government Medical Officers are not employed are subject to the same degree of control and supervision by District Medical Officers and Civil Surgeons as are medical institutions in which Government Medical Officers are employed. The following rules define the position of the District Medical Officers in relating to hospitals and dispensaries maintained by local bodies:—

(1) The function of District Medical Officers in regard to the administration of medical institutions maintained by local bodies is purely advisory, i. e., they should act merely as advisers on technical matters and exercise the functions speciafically assigned in the statutory and other rules; District Medical Officers should not be delegated powers to grant even casual leave in respect of the staff in Panchayat Union and Municipal Medical Institutions. Commmissioner of Panchayat Union and executive authorities of Municipal Councils should communicate copies of all orders of transfers, postings, etc., in respect of the staff in the medical institutions under their control to the District Medical Officers concerned.

(2) Government Medical Officers either lent to local bodies or employed in taluk headquarters institutions whose salary is paid entirely from State funds are not pemitted to correspond direct with the local bodies on matters either official or prefessional including the dieting of patients except through and with the consent of the District Medical Officers.

(3) Commissioner of Panchayat Union and executive authorities of Municipalities may correspond direct either the Government Medical Officers in taluk as well as non-taluk headquarters institutions and also with rural medical practitioners in all matters relating to the institutions in their charge, but copies of such correspondence regarding all important matters concerning appointments and leave and professional and other points relating to the admission should be sent to the District Medical Officers concerned.

(4) **Deleted.**

(5) All medical institutions of modern medicine maintained by any local body and all registers, books and accounts and other documents relating there to shall at all times be open to the inspection of the Director of Health Services and Family Planning and the District Medical Officers or Civil Surgeons. Local bodies and their officers or servants shall be bound to afford to the inspecting or superintending officers such access at all reasonable times to the local body's property or premises, and to all records, accounts and other documents as may, in the opinion of such officers, be necessary to enable them to discharge their dities of inspection or superintendence.

(6) Medical Officers attached to hospitals and dispensaries will have charge of the hospital books, stores, furniture and other property, subject to the control of local bodies and supervision by District Medical Officers.

(7) Municipal councillors and Panchayat Union members will be entitled to visit their hospitals at all times and to refer to the books and accounts relating to these institutions with the exceptions of all records relating to professional matters specified below, provided that the visits of councillors to the in-patient wards of the hospitals should be confined to hospital and visiting hours and should be made in the company of the medical officer in-charge, or with his knowledge and permission. Stock books of medicines are not records of a professional character, and are therefore open to inspection by municpal councillors and Panchayat Union members who are entitled to examine the accounts of the expenditure of medicines in their hospitals/dispensaries if they wish to do so.

(1) In and out-patients nominal register,

(2) Wound certificate register,

(3) Post-mortem certificate register,

(4) Accident register,

(5) Case sheets,

(6) Operation registers,

(7) Prescription books, and

(8) Certificates, histories of cases, etc.

(G.O. No. 1200, L and H, dated 11th July 1892,
No. 1100, Public Health, dated 29th July 1924,
Ms. No. 2213, L. and M dated 14th June 1927, No. 1808. Public Health, dated 23rd August 1932.
No. 1071, dated 26th May 1925,
No. 740, Public Health, dated 12th April 1927,
No. 3469, Public Health, dated 28th September 1939,
No. 2406, Public Health, dated 3rd June 1940,
No. 3814, Public Health, dated 19th August 1940,
No. 1542, Public Health, dated 20th May 1946, and
No. 909, Public Health, dated 22nd March 1948.)

NOTE.—The Commissioner of Panchayat Unions, are however, permitted to have access to the nominal register of patients maintained in rural dispensaries and in regular Panchayat Union Dispensaries for inspection purposes.

(G.O. No. 4420, Public Health, dated 13th October 1941 and No. 1177, Public Health, dated 31st March 1942.)

352. **Change of names of medical institutions.**—The names of medical institutions maintained by local bodies and specially those which receive financial assistance from Government in some form or other should not be changed without the previous sanction of Government. Such changes in the names of medical institutions will be permitted by Government only in very exceptional circumstances such as, where a person subscribes the whole or a substantial portion of the annual maintenanes charges of a medical institution on the understanding that this name or the names of other persons should be associated with the institution concerned.

(G.O. No. 2330, Public Health, dated 6th October 1934.)

353. **Upgrading of posts of Junior Assistant Surgeons.**—Local bodies are at liberty to submit proposals to Government through the Director of Health Services and Family Planning and Director of Municipal Administration/Director of Rural Development for the upgrading of any post of Junior Assistant Surgeon if there is a case for it and on such upgrading Junior Assistant Surgeons can be promoted to higher posts.

(G.O. No. 586, Public Health, dated 22nd February 1949.)

350. **Temporary closure of medical institutions.**—Medical institutions under the control of local bodies are sometimes closed for short periods when the medical officers in-charge of those institutions proceed on leave or are transferred before substitutes are appointed to take their posts. As the closure of these institutions causes much inconvenience to the public, local bodies should see that on no account a medical institution is kept closed except owing to unavoidable reasons such as the sudden illness or accident to the medical officer or some such unforeseen circumstances.

In the case of Panchayat Unions and Municipal Medical Institutions which are in-charge of Government Medical Officers, the Director of Health Services and Family Planning should see that there is no delay in the posting of Government Medical Officers to those institutions, whenever there is a change of Medical Officers.

(G.O. No. 1078, Public Health, dated 16th March 1938.)

355. **Supply of Surgeons coats and aprons, etc.**—Pancahayat Unions and Municpal Councils shall provide surgeon's coats (over coats) to all Medical Officers in-charge of regular dispensaries of modern medicine and Indian medicine and aprons to all Pharmacists under their employ.

(G.O. No. 304, Public Health, dated 31st January 1945,
G.O. No. 901, Public Health, dated 4th April 1945
and No. 2653, Public Health, dated 26th July 1949.)

356. **Private Prescriptions.**—Local bodies may permit professional prescriptions by private individuals to be compounded at the dispensary and may fix the rates at which such prescriptions should be dispensed.

357. **Diet charges of patients brought by Police.**—The charges for dieting injured patients concerned to cognizable cases brought to Panchayat Union or Municipal hospital for treatment whether by the Police or by the patients' friends or relatives should be included in the contingent bill of the Magistrate concerned; such charges will be calculated from the date of the patients admission into the hospital.

(G.O. No. 1187, Public Health, dated 17th July 1923.)

358. Levy of hospital stoppages in Panchayat Union and municipal medical institutions.—(1) Employees of Panchayat Union councils and municipal councils are entitled to medical attendance, when treated as in-patients in Panchayat Unions and municipal medical institutions respectively.

(2) Persons whose monthly income is Rs. 200 or more and members of the families of such persons who are admitted as in-patients in the general ward of municipal medical institution shall pay hospital charges on the same basis as that on which fees are levied in Government Medical Institutions.

(3) The Commissioner of Panchayat Union or the executive authority of a municipality, as the case may be, is vested with the discretionary power, in a special cases, brought to his notice, to reduce on the recommendation of a medical officer concerned the prescribed rates for any class of patients, according as the merits of the case may demand. Applications for reductions should be made by the medical officers in-charge of the institutions.

(G.O. No. 2170, Public Health, dated 16th July 1940.)

359. Incidents of charges of pauper in-patients.—All charges incurred on account of the dieting of pauper in-patients in any hospital or dispensary which is in-charge of a municipality or Panchayat Union shall be defrayed by the municipality/Panchayat Union concerned. When any such pauper dies while under treatment as an in-patient in the hospital or in the dispensary, the entire charges on account of his burial will also be debited to the funds of the municipality or Panchayat Union concerned, whatever be the nationality of the patients. (*See* also item 1, Appendix 15 to the Tamil Nadu Financial Code, Volume II.)

(G.O. No. 946, Public, dated 5th August 1868
and No. 153, Public, dated 19th February 1904.)

360. Panchayat Unions and Municipal Medical Institutions.-Anti-rabic treatment in the absence, of Medical Officer.—In a large number of medical institutions under the control of local bodies the medical staff consist of only one Medical Officer and while he is absent from the headquarters, eitheron casual leave or on court duty, there will be none to continue injections to patients under going anti-rabic treatment. In such cases, the patients should be transferred to the nearest or most-easily accessible treatment centre or as an alternative. the Medical Officers from the nearest treatment centre should be deputed to the station concerned, to continue the treatment. The above arrangement is commended to local bodies for adoption. The local bodies should meet from their own funds the additional expenditure on account of conveyance charges to patients, or travelling allowances to the Medical Officer.

(G.O. No. 1236, Public Health, dated 31st March 1939.)

361. Inspection of medical institutions under local bodies.—The technical control of medical institutions under the management of local bodies should be in the hands of the District Medical Officer, Municipal and District Health Officers should not be authorized to inspect them.

(G.O. No. 31, Public Health, dated 3rd January 1941 and
No. 276, Public Health, dated 1st February 1943.)

362. Appointment of Medical Officers, Pharmacists, Maternity Assisstants, etc.—Qualification prescribed.—(1) No person shall be eligible for a appointment to the category and by the method specified in columns (1) and (2) of the table below unless he possesses the qualifications specified in the corresponding entry in column (3) thereof:

TABLE.

Serial number.	*Category.*	*Qualifications.*
(1)	(2)	(3)
1.	Medical Officer (Allopathic system)	(i) Must possess the M.B.B.S., degree of any University recognised by the University grants commission for the purpose of its grant and should have been registered under the Tamil NaduMedical Registration tion Act, 1914 (Tamil Nadu Act IV of 1914).

Serial number. (1)	Category. (2)	Qualification. (3)
1.	Medical Officer (Allopathic system)—*cont.*	(ii) Must have served for not less than one year in any one of the following capacities, namely :— (*a*) House Surgeon, House Physician, Clinical Assistant or Honorary Assistant Surgeon in one of the Government Hospitals in the State or in any of the local-body and municipal hospitals or dispensaries, or (*b*) Medical Officer in-charge of subsidised or non-subsidised rural dispensary in the State.
2.	Medical Officer (Indian system)	Must have been registered under Class 'A' referred to in rule 2 of the Rules for the Registration of Probationers in Indian Medicines.

Provided that appointment to the category of Assistant Surgeons shall ordinarily be made by promotion of Junior Assistant Surgeons on grounds of merit and ability, seniority being considered only where merit and ability are approximately equal and that direct recruitment of Assistant Surgeons shall be made only if qualified and suitable Junior Assistant Surgeons are not available :

Provided further that in the case of candidates for appointment as Assistant Surgeons and Junior Assistant Surgeons in-charge of regular dispensaries or hospitals maintained by municipal councils or Panchayat Union Councils, the Government shall have power to grant exemption from the prescribed age-limit.

Provided further that the Director of Indian Medicine, Madras, in the case of Ayurvedic, Unani or Siddha hospitals and dispensaries and the Director of Health Services and Family Planning in case of any other medical institution may sanction the appointment as a Nursing Assistant of any person not qualified for such appointment under this rule, subject to the condition that his scale of pay shall not exceed that admissible for the time being to an unqualified Nursing Assistant in the service of the Government.

(G.O.s No. 1435, Public Health, dated 5th July 1932.
No. 1086, Public Health, dated 19th May 1933,
No. 714, Public Health, dated 4th March 1936,
No. 1187, Public Health, dated 7th August 1936,
No. 810, Health, dated 4th March 1939,
No. 3036, Health, dated 24th September 1952 and
No. 2920, Health, dated 4th August 1953.)

(2) No person shall, without the sanction of the Government of Tamil Nadu accorded by general or special order, be appointed as a Pharmacist or as a Maternity Assistant under a municipal council or a Panchayat Union council, unless such person possesses the qualifications for the time being for selection for admission to the service of the State Government as Pharmacist or Maternity Assistant, as the case may be.

(G.Os. No. 4253, L. and M., dated 11th November 1932,
No. 1122, Public Health, dated 26th May 1933 and
No. 220, Public Health, dated 17th January 1940.)

363. Medical and non-medical staff grades, salaries, etc.—(1) In exercise of the powers conferred by sub-section (3) of section 70 of the Tamil Nadu District Municipalities Act, 1920 as amended, the State Government have fixed the following designation and grades of, and the scales of salaries and allowances payable to the Municipal Officers and servants in the Medical Institutions including leprosy clinic under the control of municipal officers and servants in the medical institutions including leprosy clinic under the control of Municipal councils in the State.

Nature of the institution, designation and grades of Officers and servants. (1)	Scale of pay sanctioned. (2)	Remarks. (3)	Government Order. (4)
1. Municipal Assistant Surgeon (with M.B.B.S. qualifications.)	Rs. 525—25—600—30—690—35—900.		
2. Municipal Assistant Surgeons (with B.I.M. qualifications).	Rs. 400—15—475—20—575—25—650.		

(1)	(2)	(3)	(4)
3. Municipal Nurses (fully qualified.)	Rs. 200—5—250—10—300	..	
4. Municipal Pharmacists	Rs. 210—5—245—10—325	..	This scale is admissible to person who hold the diploma of qualified Pharmacist issued by the Government Board of Examiners.
5. Municipal Maternity Assistant.	160—5—240		
6. Cooks	130—3—160—4—180—5—195		
7. Nursing Assistants ..	Do.		
8. Peons	Do.		
9. Totties	Do.		
10. Watchman-waterman .. Gardener, Cleaner, etc.,	Do.		

(2) The conditions of service of all officers and servants specified in paragraph (1) above in respect of special pay and allowances shall be regulated in accordance with the Tamil Nadu Manual of Special Pay and Allowances and the Tamil Nadu Travelling Allowance Rules.

(G.O. No. 315, Public Health, dated 11th February 1935.)

364. Deleted.

365. **Arrear claims of municipal and Panchayat Union Servants—Servants Payment.**—(1) Any claim of an officer or servant of a Municipal Council/Panchayat Union Council for arrears of pay, allowances or increments of pay, which has been allowed to remain in abeyance shall before payment, be investigated by the executive authority of the Municipal Council/Commissioner of Panchayat Union.

(i) With the sanction of the Municipal Council/Panchayat Union Council in the case of claims relating to a period exceeding six months but not exceeding two years ; and

(ii) With the sanction of Municipal Council/Panchayat Union Council and the Director of Municipal Administration and Collectors of the district concerned in the case of claims relating to a period exceeding two years.

NOTE.—No claim for travelling allowance will be entertained if it is made after three months from the date of completion of the journey to which it relates. Countersigning officers should refuse to countersign bills presented after three months from the date of completion of the journey for which the travelling allowance is claimed.

(2) The payment of an arrear claim ordered under rule (1) stall not exceed the amonnt found to be actually due under the claim in respect of a period of one year immediately preceding the date of detention of the under payment. If, in any particular case, it is considered that for special reasons a larger concession should be granted, the Executive Authority shall consult the Examiner of Local Fund Accounts in the first instance and then obtain, if the Examiner of Local Fund Accounts so advises the sanction of the Director of Municipal Administration, Collectors of Districts concerned for payment of arrears for a period exceeding one year.

Provided that consultation with the Examiner of Panchayat Union Accounts shall not be necessary in respect of arrear claims involving a sum not exceeding Rs. 25 in each case.

NOTE.—For the purpose of this rule, the date of detection of an under-payment will be the date on which the under-payment is detected by or brought to the notice of the executive authority of the municipal council/Commissioner of the Panchayat Union Council or, if it is first detected in audit the date of detection by the Audit Department. An arrear claim resulting from an order issued with retrospective effect does not arise until the order is issued and shall not, therefore, be treated as a claim allowed to remain in abeyance during the period prior to the date of the orders An order passed with retrospective effect shall, for the purposes of this note, be deemed to be one, which in the circumstances of the case, could not have been passed earlier or which was deliberately he over pending consideration.

(3) The power conferred on the Municipal Council/Panchayat Union Council in sub-paragraph (1) above shall not be delegated by the Municipal Council/Panchayat Union Council.

(G.O. No. 2189, L.A., dated 7th November 1952.)

366. Grant of leave.—All Panchayat Union Councils and Municipalities should frame regulations and adopting the procedure laid down in rule 16 of section III of in Part I of Annexure II to the Fundamental Rules in the matter of granting leave to their servants.

G.O. No. 965, L.S.G., dated 27th March 1936.)

NOTE 1.—The leave application of the medical Officers working in the Municipal Dispensaries/Hospitals to be sent to the Commissioner of the Municipalities concerned with a copy to the District Medical Officer concerned for information.

G.O. Ms. No. 55236/HKI/66-15, Health, dated 6th October 1969 communicated in the Director of Health Services and Family Planning refrence No. P. No. 51, P and D-II/70, dated 5th February 1970)

NOTE 2—The Municipal Medical Officers need not be allowed to take any compensatory holiday as they have to be concerned as responsible officers like Municipal Engineers, Municipal Health Officers, and Town Planning Officers and they should devote their full time including holidays when situations render it necessary for discharge of their normal or special duties.

G.O. Ms. No. 28625/M, Special/72-2, R.D. and L.A. Department, dated 15th May 1972 communicated in the Director of Health Services and Family Planning D. Dis. No. 83, P and DII. 1)/72, dated 1st June 1972.)

367. Selection of Woman Medical Officers.—In selecting candidates for employment of Woman Assistant Surgeons and Junior Assistant Surgeons in medical Institutions under local bodies, spinsters and widowers should be preferred to married woman provided they are duly qualified.

(G.O. No. 3692, Public Health, dated 11th October 1939)

368. The Municipal Commissioner may, on public grounds transfer any of the officers or servants of the Municipal Council from any post borne on its establishment schedule to any other simular post borne thereon, The public grounds necessitiating the transfer shall, in every case, be recorded in the order of transfer.

(G.O. No. 3580, L. and M., dated 7th September 1932,
G.O. No. 4, Public Health, dated 4th January 1937,
Government Memorandum No. 71885/48 3-62
Public Health, dated 8th February 1949 and
Director of Health Services and Family Planning P Nc 24-M-2, dated 16th February 1949)

369. Periodical transfer.—As retention of Medical Officers in a particular stations for long periods is not condictive to smooth and efficient working, the Panchayat Union Medical Officers should not remain in a station for more than three years. Commissioner of Panchayat Union are requested to transfer Medica Officers under their contro periodically in consultation with the District Medical Officers or the Director of Indian Medicine, as the case may be, If, in any case, it is considered necessary to retain a Medical Officer in his station for more than three years, the Commissioner, Panchayat Unions, concerned is requested to intimate to the Director of Health Service and Family Planning through the District Medical Officer or the Director of Indian Medicine as the case may be, the necessity for such retention and follow his advice thereon.

(G.O. No. 1065, Public Health, dated 20th March 1941 and No. 3626, Public Health, dated 20th August 1941)

370. Instructions regarding disposal of disciplinary cases.—Under the rules relating to the appointment and punishment of officer and servants of Municipal councils the penalties mentioned in the Tamil Nadu District Municipality Act, for imposition on officers and servants of Municipal Councils cannot be awarded except in accordance with the prescribed procedure in the rules. Though the observance of the procedure so prescribed is not obligatory before the issue of certain orders of a disciplinary nature such as the termination of probation of a probationer (not being a penalty in terms of the above rules.) the Government considered that it is only fair to an officer or servant that he should be given an opportunity to show cause against any action which it may be proposed to take against him. If an appeal permitted against any such order of disciplinary nature, it is essential that there should be available to the appellate authority as complete a record as is possible of the proceeding leading to the issue of such order. The Government direct in cases to which the provisions of the rules referred to above are not in terms applicable, the officer or servant concerned should be given a reasonable opportunity to show cause against any disciplinary action which it is proposed to take against him.

(2) In case to which the rules referred to in the foregoing paragraphs apply in terms, it is imperative that the proceeding should in every respect, As the proceedings are of a quasi-judicial character, it is of the greatest importance that there should be so concluded as to not give rise any feeling in the mind of the person charged that the renquiry was not conducted in an impartial and detached frame of mind. Especially should this be case where the officer conducting the enquiry is himself in the position of a prosecutor. All the requirements of the rules should therefore be complied with scrupulously.

Where. however, in exceptional cases there is difficulty in observing exactly the requirements of the rule, and the requirements can be waved without injustice to the person charged and it is proposed to waive all or any of the provisions of the rule. the reason therefore must be recorded in writing; failure so to record the reasons or to obtain necessary authorisation from a higher authority wherever prescribed will vitiate the enquiry.

It is also very necessary that there should be no avoidable delay in completing the proceedings. Care should be taken to avoid all dilateriness, and adjournment or postponement of the enquiry should be allowed with circumspection and only when necessary. When an officer is suspended pending enquiry into his conduct on ground that it is undesirable to allow him to continue on duty during the enquiry, it is all the more necessary that the enquiry should be completed with expedition and orders passed as early as possible.

(3) *Charges.*—The charges framed should be definite and clear. For example, in an enquiry into alleged corruption or incompetence, a single charge of a general nature such as "corruption" or "incompetence" cannot be regarded sufficiently precise. A separate charge should therefore be framed in respect of each instance of corruption or incompetence. Charges based on particular instances may, however be combined with a general charge of corruption or incompetence for which the specific instances cited serve as illustrative evidence.

(4) *Evidence adduced at the enquiry.*—Documentary evidence produced at the enquiry should be properly proved and marked as in a court. Public documents and authorised copies of these and documents and genuineness of which is not disputed by the defence, need not however, be proved formally and may be marked as exhibits by consent. A list of the documents exhibited on both sides should be appended to the proceedings, in the form given below separately for prosecution and defence :—

List of documents exhibited on the Prosecution and defence side.

Serial number.	Number of Exhibit.	Brief description of exhibit.	Whether marked by consent or through witness, if, through witness, mention his number	Remarks.
(1)	(2)	(3)	(4)	(5)

The following principles may be observed while marking the documents. The documents proved by the prosecution are to be numbered as Exhibits A, B, C, etc. x A fresh series Exhibits AA, BB, etc., may be marked if all the letters are exhausted.

NOTE.—Exhibits I, V and X are not to be marked as they are likely to be confused with the Arabic figures 1, 5 and 10. It is also permissible to have separate Exhibits A-1, A-2, B-1, B-2, etc., as different from Exhibits A and B respectively. The defence or exhibits should be marked as Exhibits I, II etc. Here also it is permissible to designate Exhibits as I-A, II-A, I-B, etc., as different from Exhibits I snd II, respectively.

Oral evidence.—(i) Exhibits may be marked during examination of the witnesses, and the numbering of the exhibits will depend upon the side which exhibits the documents, e.g., if during the examination of a prosecution witnessess a document is exhibited on behalf of the defence it will be marked as a defence exhibits, i.e., I series. Similarly if an exhibit is marked on the side of the prosecution during the examination of a defence witness, it will be marked in the A series.

(ii) The evidence should, in all cases, be recorded in the presence of the person charged that is to say both the evidence given in the examination-in-chief and in cross-examination should be so recorded. As far as possible, the cross examination should be done immediately after the examination-in-chief is over. The officer or servant charged is also entitled to give evidence in person. The evidence of the witnesses and of the person charged if he offers evidence should be taken down in writing, irrelevant questions and answers being ruled out by the enquiring officer and their depositions should be read over to and signed by them in token of their having been correctly recorded. If the departmental enquiry is conducted on the complaint of a private person or body, the complainant should not be allowed to cross-examination the officer charged who, in such enquiry is in the postition of an accused person, but the complainant may suggest questions to the enquiry officer to be put to the witnesses produced in defence of the officer charged or the enquiring officer may, in his discretion, permit the complainant himself to cross-examine the said witnesses.

(iii) The witnesses examined at the preliminary inquiry held before the framing of charges whose evidence is considered necessary to prove the charges, must be recalled at the regular inquiry after the charges have been framed. It shall not be neccessary to record over again the evidence recorded at the preliminary inquiry ; but the evidence so recorded should be read out at the regular inquiry in the presence of the person charged and he should be given an opportunity to cross-examine the witness whether or not he had already cross-examined them at the preliminary enquiry. If however, any such witnesses was examined at the prileiminary inquiry in the absence of the person charged, such witness should, if the person charged so desires, be examined in chief

in his presence at the regular inquiry (instead of the evidence given by the witness at the preliminary inquiry being read out) and the person charged should also be given an opportunity to cross-examine the witness.

(iv) It is not necessary that every person who was esamined at the preliminary inquiry should be examied at the regular inqurliry though it is incumbent on the inquiring officer to examine at the regular enquiry any particular witnesses previously examined who the officer charged specially asks should be examined. But no evidence other than that of persons examined at the regular enquiry should be relied upon in arriving at the findings.

(v) Where the inquiry officer refused to permit the person charged to call and examine a witness cited by him the reasons for such refusal must be recorded in writing ; failure so to record the reasons will vitiate the enquiry.

(5) *Findings.*—The officer holding the enquiry should record his finding on each charge separetely after carefully considering the evidence adduced in support of it as well as that for defence. It should be left open to the enquiring officer to make recommendations in those cases which he has taken up *suo motu* and that in cases where he is directed to hold an enquiry it should be left open to the officer ordering the enquiry to direct the enquiring officer to make recommendation or not as he sees fit.

(6) *Past-record.*—An Officer's past-record should not be taken into account in arriving at a decision as to the truth or otherwise of the charges against him. It may, however, be taken into account in assessing the punishment to be awarded afetr the charges have been proved and it is intended to do so, the following procedure should be adopted ;—

After the substantive charge or charges have been proved a further charge based on the previous record of the officer should be framed and the procedure specified in the relevant rule specified in paragraph (3) should be gone through afresh in regard to that charge and a finding thereon arrived. The person charged should be afforded all facilities necessary for enabling him to meet the allegations based on such further charge.

In awarding punishment for the misdemeanour of an officer who has a series of previous censures, account should be taken of the previous censures.

(7) *Lent Officers.*—In the case of officers lent by one department or office to another the disciplinary authority in respect of the post held by the officer for the time being may impose any of the prescribed penalties except those of removal and dismissal from service ; but before imposing any such penalty such authority should consult the lending authority in the matter and the opinion of the latter should ordinarily prevail. In cases which call for the punishment of removal or dismissal, the borrowing authority should complete the inquiry and forward the records together with its findings to the lending authority which should pass such orders as it may think fit.

(G.O. No. 42, L.A., dated 5th January 1949.)

371. *Deleted.*

372. *Conduct of enquiries pertaining to institutions of Indian Medicine by District Medical Officers.*—(1) In special circumstances cases of enquires of the classes specified below* pertaining to medical institutions of Indian Medicine may be entrusted to District Medical Officers subject to the following provisions ;—

(i) In requisitioning the assistance of the District Medical Officers, the conditions mentioned in classes (*a*) to (*c*) referred to above should be strictly interpreted.

(ii) Requests will be made by the Director of Indian Medicine to the District Medical Officers, for conducting enquiries, directly.

*(*a*) Cases where *prima facie* the conduct of Indian Medicine Practitioner in serivice or a rural medical practitioner involves danger and risk to life ;

(*b*) Cases where *prima facie* facts if proved establish criminal liability; and

(c) Grave cases of supreme public importance where delay will lead to disappearance of evidence.

(2) All cases relating to enquiries should be speeded up at all stages and there should be no delay.

(G.O. No. 3956, Health, dated 13th December 1952)

373. Research work--Bublication of articles.—Articles on research work conduced in medicel institutions which are subsidized by the Government or by local bodies should not be published without the prior approval of the Director of Health Services and Family Planning.

(G.O. No. 2411, Public Health, dated 16th October 1934.)

374. Travelling allowance.—(1) Medieal Officers deputed on any epidemic, festival or sanitary duty may be permitted to draw a fixed daily conveyance allowance temporarily for the time they are so deputed at such rates as may be determined by each Panchayat Union Council or Municipal Council, so as to suit local conditions. If they have to go on exceptionally long journey the local body employing them may grant them such extra compensation in addition to their conveyance allowance, as it may think suited to the occasion.

(G.Os. No. 64, L., dated 10th January 1943,
No. 404, L. and M., dated 20th September 1917,
No. 63, Public Health, dated 24th January 1921,
and No. 1143, Public Health, dated 9th July 1923.

(2) Panchayat Union Reserve Pharmacists, and Materntiy Assistants who are appointed to fill leave vacancies in Government Medical Institutions may be paid transit pay and travelling allowance from State funds at the rate admissible for journeys on tour.

(G.O. No. 1374, Public Health, dated 27th June 1932.)

(3) The travelling allowance and the remuneration if any, due to medical officers of Panchayat Union Medical Institutions (other than rural dispensaries) deputed to epidemic duty should be paid out of the funds of the Panchayat Unions.

(G.O. No. 1964, Public Health, dated 14th October 1931.)

375. Grants-in-aid from the funds of a local body for purposes of medical relief.—(1) Grants-in-aid for purposes of medical relief shall not be paid to any private institution from the funds of a Panchayat Union or a Municipal Council unless the following conditionsare satisfied namely :

(i) the institution is recognised either by the State Government or by an duthority empowered by the Government to grant such recognition;

(ii) it employees only qualified medical practitioner that is to say. practitioners registered under the Tamil Nadu Medical Registration Act, 1914, in the case of institution of modern medicine and practitioners declared to be qualified by the State Government in the case of any other institution;

(iii) it is subject to periodical inspection by such officers as the State Government may specify in that behalf;

(iv) free treatment is given in it to the necessitous poor of the Panchayat Union or of the municipality;

(v) the area served by it is not adequately served by any medical institution maintained or aided by the Government or Panchayat Union Council or a Muncipal Council; and

(vi) in the case of an institution of modern medicine, the previous approval of the Director of Health Services and Famlly Planning has been obtained for the payment of the grant-in-aid.

(2) Nothing contained in rule (1) above shall apply to contributions made—

(i) by a Panchayat Union Council to any private medical institutions under Section 139 (4) (ii) of the Tamil Nadu Panchayat Act, 1958 ;

(ii) by a Municipal Council to any private medical institution under clause (3) of rule 53 of Schedule IV to the Tamil Nadu District Municipalities Act, 1920.

(G.O. No. 257, Public Health, dated 3rd February 1932.)

376. **Contributions to private institutions and medical practitioners from the funds of a local body.**—No contribution shall be paid from the funds of Panchayat Union Council or a municipal council to private medical practitioners for rendering medical aid in places within 8 kilometers from a rural dispensary or from a Government, Panchayat Union, municipal or private medical institutions. Panchayat Unions, Municipal Councils and existing Panchayats may, however, with the sanction of the competent authority, contribute from their general funds to the extent to which their finances permit to institutions rendering services which are the functions of the local body under the Act to render, provided the institutions are situated within the jurisdiction of the local body concerned or serving the people therein subject to the following conditions :—

(1) That the institutions are rendering services which are the functions of the local body under the Act concerned ;

(2) that the institutions are situated within the jurisdiction of the local body ;

or

(3) that the institutions are serving the people in the jurisdiction of the local body (statistics for the past to be ascertained previously) ;

(4) that the object of the contribution is of proved meritoriousness ; and

(5) that the local body has no deficits in its general and elementary education funds and can meet the expenditure on the contribution without any grant from Government towards the payment of the dearness allowance to its staff.

(G.Os. No. 1830, Public Health, dated 2nd May 1940,
No. 2013, Public Health, dated 13th May 1941,
and No. 1939, L.A., dated 3rd October 1952.)

377. **Conditions for the acceptance of donations of buildings for medical institutions from private individuals or associations.**—(1) The Government have prescribed the following conditions for the Panchayat Union Councils and the municipal councils to accept donations of buildings for medical institutions from private individuals or association.

The Government have prescribed the following conditions for the Panchayat Union Councils and the municipal councils to accept donations of buildings for medical institutions from private individuals or associations :—

I. (i) That, if the donor himself construct the buildings, it should be done in accordance with plans and estimates approved by the authorities competent to give sanction ;

(ii) that, if the scheme is to be financed partly from donations and partly from the funds of the local body, it will be treated as a scheme of the local body concerned and the rules regarding the preparation and approval of plans and estimates by competent authorities etc., will apply;

(iii) that, in a case coming under item (i) above the donor should meet the entire cost of construction including any possible increase in the cost due to fluctuation of prices;

(iv) that, in a case coming under item (ii) above, the donor should deposit with the local body the donation promised by him before the work is started ;

(v) that the building after completion and when it is handed over to the local body will become the absolute property of the local body ;

(vi) that the acceptance of the offer places no obligation on the local body to maintain the building institution for which it is taken over perpetually regardles of its financial position,

(vii) that the local body retains the right to dispose of the building, if for financial reasons it has to close the institution ;

(viii) that in case, failing under item (i) above the donor should make his own arrangements to obtain the required materials without the assistance of the local body ;

(ix) that, if the donor promises any amount towards equipment charges, that amount should be deposited with the local body before the work is started.

II. The local body concerned should satisfy itself that it can maintain the institution.

III. The local body concerned may waive the centage charges for the preparation of plans and estimates and for any supervision of the work by its Officers.

IV. The approval of the Director of Health Services and Family Planning should be obtained before any medical building scheme is approved by the local body. The approval of the Additional Director of Health Services and Family Planning should be obtained in the case of maternity and child welfare buildings, provided that, in the case of buildings in which in-patient accommodations is provided, the approval of the Director of Health Services and Family Planning should also be obtained.

(2) In case where the donors do not accept the conditions I (i), (ii), (iv) and IV above, the following conditions may be substituted instead ;—

(*a*) The donor may prepare his own plans and estimates which should be certified by a qualified engineer ;

(*b*) He may himself construct the buildings under the supervision of a qualified engineer ;

(*c*) the layout and design should be simple and not based on expensive city standards and should be in accordance with these prescribed on those lines by the Director of Health Services and Family Planning in the case of medical buildings, by the Additional Director of Health Services

and Family Planning in the case of maternity and child welfare buildings without in-patient accommodation and both by the Additional Director of Health Services and Family Planning and Director of Health Services and Family Planning in the case of maternity and child welfare buildings with in-patient accommodation ;

(*d*) the buildings before being taken over by the Panchayat Union Councils or the Municipal Council will be inspected by the Divisional or the Municipal Engineer and they will be taken over only if they are certified as safe for use and that they would not cost the Panchayat Union Council or the Municipal Council anything by way of immediate repairs, etc., and

(*e*) if a work is executed partly with donation and partly with the aid of Panchayat Union Council or Municipal funds such execution should be done under the supervision of the Divisional Engineer or the Municipal Engineer. No centage charges will be levied for such supervision.

(3) The procedure of obtaining a deed of agreement and getting it registered with reference to G.O. No. 481, P.H., dated 14th February 1947, should be continued.

(G.O. No. 2429, Public Health, dated 6th July 1949.)

Section 2—(Paras 378 to 389)—Terms of employment of Government Medical Officers under Local Bodies —Deleted.

Section 3—Panchayat Union Medical Institutions.

390. **General.**—The sanction of Government must be obtained by Panchayat Union Councils to the establishment of dispensaries. Under the Tamil Nadu Panchayat Union Council Act, 1958, one of the purposes to which the moneys received under the Act may be applied is the Establishment and maintenance of dispensaries. A Panchayat Union has power to make such provision as it thinks fit for carrying out the requirements of the Panchayat Union area in respect of the establishment and maintenance in the Panchayat Union area dispensaries. Panchayat Union Council will in no way interfere with purely professional matters, such as management or treatment of the sick, except by reporting to the Director of Health Services and Family Planning cases which may require special notice.

391. **Rules relating to medical institutions of Panchayat Union.**—(1) All dispensaries including Ayurvedic, Siddha and Unani institutions shall be open to inspection by the District Medical Officers concerned, the Director of Health Services and Family Planning and Additional Director of Health Services and Family Planning. The Director of Indian Medicine, Madras shall be entitled to enter and inspect Ayurvedic. Siddha and Unani institutions as often as he shall think fit.

(2) Copies of all orders issued by the Commissioner of a Panchayat Union Council to any member of its medical or vaccination staff, which relate to the transfer, promotion or punishment of such member or to purely professional matters, including the dieting of patients, shall be sent simultaneously by the Commissioner.

(*a*) In the case of a member of the medical staff employment in the institutions of modern medicine to the District Medical Officer's concerned and in the case of Ayurvedic, Siddha and Unani institutions to the District Medical Officer concerned and the Director of Indian Medicine, Madras, and

(*b*) in the case of a member of the vaccination staff to the District Health Officer.

(3) (*a*) Where it is proposed to add to, reduce and alter the medical or vaccination staff of a Panchayat Union Council, the Commissioner of Panchayat Union Council shall—

(i) consult in the case of medical staff if institution of modern medicine, the District Medical Officer concerned and in the case of Ayurvedic, Siddha and Unani Institutions, the District Medical Officer concerned and the Director of Indian Medicine, Madras.

(ii) place the remarks of the officer consulted before the Council for its consideration.

(*b*) The Commissioner shall communicate the decision of the council in respect of the proposal to the Officer consulted and shall obtain the sanction of Government or such other authority to whom the powers of Government in the matter have been delegated before giving effect to the proposal.

(4) Every medical officer in-charge of a dispensary shall—

(*a*) keep a nominal register of in-patients and out-patients treated in the hospital or dispensary; and

(*b*) submit in the case of an Ayurvedic, Siddha or Unani hospital or dispensary, to the Director of Indian Medicien, Madras and in the case of and other hospital or dispensary to the District Medical Officer, monthly and annual returns, if the institution be a hospital and an annual return if the institution be a dispensary, together in the case of either institution, with a special report (which shall accompany the annual return, regarding the working of the hospital or dispensary during the year.

The nominal register and the monthly and annual returns shall be in such form and the special report shall contain such particulars as may be laid down by the State Government from time to time. The monthly return for each month shall be submitted so as to reach the office of the Director of Indian Medicine or of the District Medical Officer not later than the 15th of the following month and the annual return and special report for each calendar year so as to reach the said office not later than the 5th January following:—

(5) The following records shall be maintained in each Panchayat Union Dispensary in such form as may be laid down by the Government from time to time:—

(i) Register of subscriptions and donations;

(ii) Receipt books; and

(iii) Register of recovery of hospitals stoppages and charges for supply of special medicines.

(6) The payment of stipends and allowances such as travelling and clothing allowances to employees of Panchayat Union Council undergoing training as Maternity Assistants, Nurses, Vaccinations or Pharmacists shall, where no regulatins have been framed by the Panchayat Union Council in that behalf be governed by the rules and orders applicable to servnats of the State Government of similar standing and status.

(G.Os. No. 2339, L. and M., dated 12th August 1932.
No. 2824, Public Health, dated 16th December 1933,
No. 996, Education, dated 6th May 1937 and
No. 1026, Education, dated 10th May 1939.)

(G.Os. No. 324, Education, dated 9th May 1940 and
No. 2232, Public Health, dated 20th July 1942.)

392. Claims or rural medical practitioners for appointment as Medical Officers in Panchayat Union Medical Institutions.—(1) A rural medical practitioner should not be appointed as a medical officer in a regular Panchayat Union Medical Institution except in a permanent vacancy and he should not be so appointed unless (i) he possesses the qualification prescribed for the post and his reccords are satisfactory and (ii) no stipendiary, eligible under the rules for appointment in the vacaney, is available.

(2) With regard to non-permanent vacancies, Panchayat Unions should maintain a reserve staff of one or two medical officers selected from among the rural medical practitioners and fill up the vacancies in the following order of preference:—

(*a*) Rural Medical Practitioners (reserve staff).

(*b*) Stipendaries.

(*c*) Outsiders.

The appointment of stipendiaries and outsiders in non-permanent vacancies shall not confer on them any probationery rights for giving them any preferential claim for appointment to permanent vacancies.

(3) In order that there may not be any irregularity by the appointment of Junior men to act as Assistant Surgeon in regular Panchayat Union Medical Institutions by over-looking the claims of senior rural medical practitioner each Panchayat Union should maintain a reserve list of rural medical practitioners by the creation of one or two additional posts of Assistant Surgeon in each Panchayat Union. One post or reserve medical officer should be created in each Panchayat Union for at least every ten posts of medical officers in the regular medical institutions maintained by Panchayat Union Council.

(4) The normal channel for filling up the reserve posts should be by the selection of qualified rural medical practitioners, who have good record, in accordance with their seniority. These reserve posts will form additions to establishments of Panchayat Union medical officers under the Panchayat Unions concerned. The incumbents of the reserve posts should be appointed to vacancies when such vacancies occur in regular Panchyat Union medical

institutions. When there are no vacancies in regular medical institutions, these reserve medica officers will work as reserve hands in Panchayat Union Medical institutions but will not revert as rural medical practitioners. By this arrangements, there will not be any dislocation of work in the rural dispensaries, whenever short leave and other non-permanent vacancies in regular dispensaries arise. These reserve medical officers should be paid salaries and allowances at the same rates as are paid to regular medical officers even when they are on reserve duty and the expenditure on this account should be met by the Panchayat Union Council concerned.

(5) In the case of Panchayat Union Council, in which the number of officers in regular Panchayat Union Medical Institutions is less than ten and for which consequently, no reserve staff need be maintained temporary or officiating vacancies arising in the institutions may be filled up by Panchayat Union Stipendaries, who are not already employed as rural medical practitioners or by outsiders, both appointments being on a temporary basis and without any claim for probation. In all cases, permanent vacancies should be filled up by stipendaries and in their absence by qualified candidates from among the ranks of the qualified rural medical practitioners in the Panchayat Union strictly in accordance with their seniorityand good record, provided that there are no probationers or approved probationers for appointment or confirmation.

(6) The rural medical practitioners to be selected for appointment as reserve medical officers and for permanent vacancies in Panchayat Union which need not maintain a reserve list should, in addition to possessing the prescribed qualifications, be within the age-limit of 30 years. but even if these candidates are not within this age they should as faras possible be selected for appointment in preference to outsiders, provided they possess the other requisite qualifications and have a good record. For this purpose, a Panchayat Union Council should adopt the following procedure:—

A seniority list of rural medical practitioners with reference to their dates of appointment in the Panchayat Unions should be maintained by each Panchayat Union; the claims of the candidates named in the list being considered for appointments as reserve medical officers and for permanent vacancies, strictly in accordance with seniority, age and other qualifications. If the senior most candidate possesses the requisite qualifications and has a good record, but is however overaged, the Panchayat Union may address the Government for exempting him from the age-rule. Proposals for age exemption need not be sent up, if the rural medical practitioner expresses in writing that he is not willing to have a change from his status as rural medical practitioner. In case the Panchayat Union Council prefers any candidate lower down in the list, it should explain its reasons for such preference and should obtain the specific sanction of Government for the appointment of that candidate.

(7) The Procedure outlined above should be followed in the case of institutions of Indian Medicine also.

(G.Os. No. 4286, Public Health, dated 14th September 1940.
No. 5684, Public Health, dated 15th Hay 1943 and
No. 3264, Public Health, dated 24th September 1948).

393.—Deleted.

394. Rules relating to the appointment and punishment of officers and servants of Panchayat Union establishment in Tamil Nadu—1. Appointment of Medical Officers, Health Assistants, etc.—No person shall be appointed—

(*a*) to be a Medical Officer in any Ayurvedic, Unani, Siddha or Homoeopathic Dispensary or in any other medical institution under the administrative control of a panchayat union council or to be a reserve medical officer in the service of a panchayat union council except in consultation with the Director of Health Services and Family Planning:

Provided that during the period of National Emergency, such appointments may be made in consultation with the District Medical Officer concerned;

(*b*) to be a Health Assistant under a Panchayat Union Council except in consultation with the District Health Officer;

(*c*) to be a Pharmacist, Maternity Assistant, Nurse and Nursing Assistant (ward attendant) in the medical establishment under a panchayat union council except to consultation with the District Medical Officer.

(*d*) to be a women Medical Officer, a Health Visitor or a Materity Assistant for maternity and child welfare work in health establishment under a panchayat union Council except in consultation with the Additional Director of Health Services and Family Planning, provided that temporary appointments for a period not exceeding three months may be made in consultation with the District Health Officer concerned, the Additional Director of Health Services and Family Planning being consulted, if the appointments, is continued beyond a period of three months.

(2) Filling up of temporary vacancies from service staff—Where a Panchayat union Council maintains a reserve staff of Medical Officers, Nurses, Pharmacists, Maternity Assistants or Health Assistants, persons from such reserve staff, if available shall be appointed to fill up non-permanent vacancies in the respective categories of appointments.

(3) *Retention or re-appointment of a person convicted of an offence involving moral turpitude.*—No officer or servant of a Panchayat Union Council who is convicted of a offence involving moral turpitude shall be retained in service and no person so convicted shall be appointed to any post in its service except with the special sanction of the Government.

(4) *Pecuniary loss to be made good.*—When an officer or servant of a Panchayat union Council is found guilty of any negligence, fraud or breach of rules or orders, in consequence of which pecuniary loss has been caused to the Panchayat union council, the Commissioner may, in addition to any other punishment which may be imposed in respect of such acts, order that the whole or a portion of the loss shall be made good by such officer or servant.

(5) *Suspension.*—(*a*) An officer or servant of a panchayat union council may be placed under suspension from service by the Commissioner for a period not exceeding three months where—

(i) an enquiry into grave charges against him is contemplated, or is pending, or;

(ii) a complaint against him of any criminal offences is under investigation or trial and if such suspension is necessary in the public interests :

Provided that in exceptional cases where the enquiry cannot be completed within three months from the date of suspension, the officer or servant may be suspended for a further period not exceeding three months with the previous sanction of the appropriate appellate authority.

Provided further that the sanction of the Government shall be obtained for suspending an officer or servant beyond six months.

(*b*) An employee who is detailed in custody whether on a criminal charge or otherwise, for a period longer than forty-eight hours shall be deemed to have been suspended under this rule.

(*c*) During the period of suspension, such officer or servant shall be paid a subsistence allowance at such rates as the Commissioner may direct, subject to the maxima and minima laid down in the Fundamental Rules.

(*d*) Where a penalty of dismissal, or removal from service imposed upon an officer or servant of a Panchayat Union Council under suspension is set aside in appeal or on review under these rules and the case is remitted for futher inquiry or action or with any other directions the order of his suspension shall be deemed to have continued in force on and from the date of the original order of dismissal, or removal and shall remain in force until further orders.

(*e*) Where a penalty of dismissal, or removal from service impose upon an officer or servant of a panchayat union council is set aside or declared or rendered void in consequence of or by a decision of a Court of law and the disciplinary authority on a consideration of the circumstances of the case, decided to hold a further inquiry against him on the allegations on which the penaltv of dismis l, or removal was originally imposed, such officer or servant shall be deemed to have been placed under suspension by the Commissioner from the date of the original order or dismissal, or removal and shall continue to remain under suspension until further orders.

(*f*) An order of suspension made or deeemed to have been made under this rule may, at any time, be revoked by the authority which made or is deemed to have made the order or by any authority to which that authority is subordinate.

(6) *Procedure for imposing penalties.*—(*a*) In every case where it is proposed to impose on an officer or servant of a Panchayat Union Council, the penalties of censure, fine or withholding of increment or promotion or recovery of the whole or a portion of any pecuniary loss caused to the Panchayat Union Council by negligence, fraud or breach of rules or orders, he shall be given a reasonable opportunity of making any representation that he may desire to make and such representation, if any shall be taken into consideration before the order imposing the penalty is passed:

Provided that where it is not practicable to impose the penalty of withholding of increments, recovery may be made from pay to the extent necessary of the monetary value equivalent to the amount of increments ordered to be withheld.

Explanation.—In the case of stoppage of increment with cumulative effect, the monetary value equivalent to three times the amount of increments ordered to be withheld may be recovered:

Provided that the penalty of fine shall be imposed only on a last grade servant of a Panchayat Union Council.

(*b*) (i) In every case where it is proposed to impose on an officer or servant of a Panchayat Union Council the penalties of reduction to a lower rank in the senior ity list or to lower post or time scale or to a lower stage in a time-scale, suspension not being one under rule 5, removal or dismissal the grounds on which it is proposed to take action shall be reduced to the form of a definite charge or charges which shall be communicated to the person charged together with statement of the allegations on which each charge is base and of any other circumstances which it is proposed to take into consideration in passing orders on the case. He shall be required within a reasonable time, to put in a written statement of his defence and to state whether he desires an oral enquiry or only to be heard in person. An oral enquiry shall be held if such an enquiry is desired by the persons charged or is directed by the authority concerned. At that enquiry, oral evidence shall be heard as to such of the allegations as are not admitted, and the person charged shall be entitled to cross examine the witness, to give evidence in person and to have such witness called as he may wish provided that the officer conducting the enquiry may for special and sufficient reason to be recorded in writing, refuse to call a witness. After the enquiry has been completed the person charged shall be entitled to put in, if he so desires, any further written statement of his defence. If no enquiry is held and if he had desired to be heard in person, a personal hearing shall be given to him. The proceedings shall contain a sufficient record of the evidence and a statement of the findings and the grounds thereof.

Note: Mention about the quantum of punishment proposed to be impored on an officer or servant of the Panchayat Union Council shall not be made in the charge-memorandum.

(*ii*) After the enquiry referred to in clause (a) has been completed, the Commissioner shall record his findings on each charge and decide whether the charges have been proved or not. If it is held that the charges have been proved then he shall arrive at a provisional conclusion in regard to the penalty to be imposed. The person charged shall thereupon be supplied with a copy of the report of the enquiring authority and he called upon to show cause, within a reasonable time not ordinarily exceeding one month, against the particular penalty proposed to be imposed. Any representation in this behalf submitted by the person charged shall be taken into consideration before final orders are passed, provided that such representation shall be based only on the evidence adduced during the enquiry;

Provided that before imposing any penalty, the Commissioner shall consult the Chairman of the Panchayat Union Council and in case of divergence of views between them, the Commissioner shall refer the matter to the Revenue Divisional Officer concerned whose decision shall be final;

Provided further that none of the punishments mentioned in this sub-rule shall be imposed on any member of the technical staff of the establishment specified in column (1) of the Table below except in consultation with the officer mentioned in the corresponding entryin column (2) thereof.

THE TABLE.

Establishment. (1)	*Officer.* (2)
Medical establishment	District Medical Officer.
Engineering establishment	Divisional Engineer (Highways and Rural Works).
Health establishment	District Health Officer
Educational establishment	District Educational Officer
Water Works or Drainage establishment.	Sanitary Engineer to Government.

(*c*) The requirements of sub-rule (1) shall not apply where it is proposed to impose on an officer or servant any of the penalties specified in section 61 of the Tamil Nadu Panchayats Act, 1958, on the basis of facts which have led to his conviction in criminal court or by a court-martial or where the officer concerned has absconded or where it is for other reasons to be recorded in writing impracticable to communicate with him.

(*d*) The provisions of sub-rule (2) shall not apply where the Director of Rural Development is satisfied that in the interest of the security of the State it is not expedient to follow the procedure prescribed in that sub-rule.

(*e*) All or any of the provisions of sub-rule (1) or (2) may, in exceptional cases, for special and sufficient reasons to be recorded in writing and with the sanction of the Director of Rural Development be waived where there is difficulty in observing exactly the requirements of the sub-rule and those requirements can be waived without injustice to the person charged.

Explanation I.—The discharge—

(i) of a person appointed on probation before the expiry or at the end of the prescribed or extended period of probation, or

(ii) of a person engaged under contract, in accordance with the terms of his contract, or

(iii) of a person appointed otherwise than under contract to hold a temporary appointment on the expiration of the period of the appointment does not amount to removal or dismissal within the meaning of this rule.

Explanation.— II—The discharge or reversion to a lower post of any person officiating in any post if made an accordance with such general or special rules or orders as the Government may issue in that behalf, does not amount to removal or dismissal or to reduction within the meaning of this rule.

Explanation II.—The removal of a peson from the service of the Panchayat Union Council shall not disqualify him from future employment unless specially debarred from future employment either at the time of removal or subsequently. The dismissal of a person from the service of the Panchayat union Council shall disqualify him from future employment.

7. **Maintenance or records.**—(1) The authority imposing any penalty under these rules shall maintain a record showing—

(i) the allegations upon which action was taken against the person.

(ii) the charges framed

(iii) the person's representation, if any and the evidence taken if any; and

(v) the findings and the grounds thereof, if any.

(2) All orders of punishment shall also state the grounds on which they are based and shall be communicated in writing to the persons against whom they are passed.

8. **Appeals.**—(1) (*a*) Every officer or servant of a Panchayat Union Council shall be entitled to appeal, as herein after provided from an order passed by the Commissioner imposing upon him any one or more of the penalties other than the following, namely:—

(i) Censure;

(ii) a fine not exceeding five rupees, or a recovery of any sum not exceeding five rupees under rule 6:

(iii) suspension pending enquiry under rule 7; or suspension or dismissal under rule 8.

(b) An appeal shall also lie against all orders of discharge or reversion to a lower post of a person appointed on probation;

Provided that the discharge or reversion of any person shall not be deemed to be an order imposing a penalty within the meaning of this sub-rule and no appeal shal lie in cases falling under explanations I and II to rule 9(5).

(2) An appeal under sub-rule (1) shall lie—

(*a*) in the case of an order passed by the Commissioner in consultation with the Revenue Divisional Officer as provided for in rule 9(2)(b) to the District Collector; and

(*b*) in all other cases to the Revenue Divisional Officer.

(3) (*a*) The appellate authority shall consider—

(i) whether the facts on which the order was based have been established.

(ii) whether the facts established afford sufficient grounds for taking action; and

(iii) whether the penalty is excessive, adequate or inadequate, and after such considera, shall pass such order as it thinks proper.

(b) Any error or defect in the procedure followed in imposing a penalty may be disregarded by the appellate authority if such authority considered for reasons to be recorded in writing, that the error or defect was not material and has neither caused injustice to the person concerned not affected the decision of the case.

9. Appeals to be preferred separately and in one's own name.—Every officer or servant of a Panchayat Union Council preferring an appeal shall do so separately and in his own name.

10. Time-limit for preferring appeal.—No appeal shall be entertained unless it is preferred within two months from the date on which the appellant received the order appealed against;

Provided that the appellate authority may entertain an appeal after the expiration of such period if it is satisfied that there was reasonable cause for the delay.

11. Cancellation or modification of punishments.—The Commissioner shall not cansel or modify any order of punishment, whether passed by himself or by any of his predecessors in office without the previous sanction of the appropriate appellate authority referred to in sub-rule (2) of rule 11.

12. Procedure for preferring appeals.—(1) Every appeal shall contain all material statements and arguments relied on by the appellant, shall not contain any disrespectful or improper language and shall be complete in itself. Every such appeal shall be addressed to the authority to whom it is preferred and shall be submitted through the head of the office to which the appellant belongs or belonged and through the authority from whose order the appeal is preferred. A copy of the appeal may, however, be sent direct to the appellate authority.

(2) The Commissioner shall place the appeal before the Appointments Committee constituted under section 3(1) (a) of the Tamil Nadu Panchayats Act, 1958, obtain the recommendations of the said committee thereon, and forward the same to the appellate authority along with the appeal.

13. Withholding of appeals.—An appeal may be withheld by an authority not lower in rank than the authority from whose order it is preferred if—

(1) it is an appeal in a case in which under these rule no appeal lies; or

(2) it does not comply with the provisions of rule 15(1); or

(3) it is not preferred within the time-limit prescribed in rule 13 and no reasonable cause is shown for the delay; or

(4) it is a repetition of previous appeal and is made to the same appellate authority, by which such appeal has been decided, and no new facts or circumstances are adduced which afford grounds for a reconsideration of the case; or

(5) it is addressed to an authority to which no appeal lied under these rules;

Provided that in every case in which an appeal is withheld, the appellant shall be informed of the fact and reasons for it;

Provided further that an appeal withheld under clause (2) or clause (5) may be resubmitted at any time within one month of the date of which the appellant has been informed of the withholding of the appeal, and if re-submitted to the appropriate appeallate authority in a form which complies with the provision of rule 15, it shall not be withheld.

14. Appeal against withholding of appeal.—No appeal shall lie againt the withholding of an appeal by a competent authority.

15. Procedure for forwarding appeals.—(1) Every appeal which is not withhled under these rules shall be forwarded to the appellate authority by the authority from whose order the appeal is preferred with an expression of opinion.

(2) A list of appeals withheld under rule 13 with the reasons for withholding them shall be forwarded quarterly by the withholding authority to the appellate authority.

(3) An appeallte authority may call for any appeal admissible under these rules, which has been withheld by a subordinate authority and pass such orders thereon as it thinks fit.

16. Apprval or sanction to be accorded in writing.—(1) Whenever under these rules, the approval or sanction of or consultation with, any authority is required, such approval or sanction shall be accorded in writing, and such consultation shall be in writing.

(2) If the advice of the authority required to be consulted is not accepted by the Commissioner, the Commissioner shall record his reasons therefor in writing and communicate a copy of the same to the authority required to be consulted and to the Government.

17. **Reference of corruption cases to Tribunal for Disciplinary Proceedings.**— (1) Notwithstanding anything contained in these rules the Commissioner may, with the sanction of the State Government or shall, if so required by the State Government, either in any individual case or in any class of cases, refer to the Tribunal for Disciplinary Proceedings, under intimation to Government in Public (Services) Department cases relating to officers and servants of Panchayat Union Council who are involved jointly with Government servants in cases of corruption in the discharge of their official duties if the cases of such Government servants are referred to the Tribunal.

(2) As soon as the records relating to the allegations of corruption against an officer or servant are received the Tribunal shall frame appropriate charges communicate them to the officer or servant concerned together with information as to the date of enquiry into the charges and a list of witnesses likely to be examined in respect of each of the charges. The Tribunal shall immediately before each witness is examined by the prosecution, furnish the person charged, a copy of any statement taken from the witness which forms the basis on which the Tribunal had framed the charge or charges against him. At the enquiry, oral evidence shall be heard, and the person charged shall be entitled to cross examine the witnesses to give evidence in person and to have such witnesses called, as he may wish, provided that the Tribunal may, for special and sufficient reasons to be recorded in writing refuse to call a witness. After the enquiry has been completed, the person charged shall be entitled to put in, if he so desires, a written statement of his defence or argue the case in person or through a pleader. The proceedings shall contain a sufficient record of the evidence and a statement of the findings and the grounds thereof.

(3) After the enquiry has been completed the Tribunal shall send its findings and recommendations to the Commissioner. After the Commissioner has arrived at a provisional conclusion in regard to the penalty to be imposed, the person charged shall be supplied with a copy of the report of the Tribunal (excluding the recommendations if any, in regard to punishment made by it), and he shall be called upon to show cause within a reasonable time, not ordinarily exceeding one month, against the particular penalty to be inflicted, provided that if for sufficient reasons the Commissioner disagrees with the whole or any part of the Tribunal's findings the point or points of such disagreement together with a brief statement of the grounds thereof shall also be communicated to him. Any representation in this behalf submitted by the person charged shall be taken into consideration by the Commissioner before final orders are passed.

(4) Where the persons concerned has absconded or where it is for other reasons impracticable to communicate with him or where he does not take part in an enquiry, the enquiry shall still proceed.

(5) All or any of the provisions of sub-rules (2) and (3) may, in exceptional cases, and for special and sufficient reasons to be recorded in writing be waived where there is difficulty in observing the requirements of those sub-rules and the requirements can be waived without injustice to the person charged.

(6) The Commissioner shall ordinarily accept the advice of the Tribunal. If the Commissioner considers that the advice of the Tribunal should be rejected or deviated from the reasons for such rejection or deviation shall be submitted to the Government who shall in consultation with the Tribunal pass orders.

18. Appeal against orders passed under rule 17 (i) against any order of the Commissioner imposing a penalty after following the procedure prescribed in rule 17, an appeal shall lie to the State Government.

(2) The Tribunal for Disciplinary Proceedings shall be consulted before orders are passed on any appeal preferred under sub-rule (1).

Provided that it shall not be necessary to consult the Tribunal.

(i) in any case in which the Tribunal has at any previous stage given advice in regard to the order to be passed and no fresh question has thereafter arisen for determination; or

(ii) where the State Government prepore to pass orders rejecting the appeal.

19. Powers of revision by Director of Rural Development—Notwithstanding anything contained in these rules the Joint Development Commissioner may call for the records relating to an enquiry into the conduct of any other officer or servant of a Panchayat Union Council which has been completed and pass such orders as may be deemed fit. An appeal shall lie to the State Government against an order passed under this sub-rule if the order imposes a punishment where the Commissioner had not imposed a punishment or if the order enhances the punishment imposed by the Commissioner.

(G.O. Ms. No. 277, R.D. and L.A., dated 6th February 1965.)

Section 4—Municipal Medical Institutions.

395. **Obligatory medical expenditure.**—(i) The municipal council shall provide and maintain either from endowments or from the municipal fund or by grants-in-aid therefrom in accordance with such rules as may from time to time be prescribed by the State Government—

(*a*) a hospital or dispensary where the sick poor of the municipality shall be entitled to receive medical and surgical advice and treatment free of charge: and

(*b*) a hospital for the treatment of patients suffering from infectious diseases in the municipality.

The council shall provide and maintain more than one such hospital or dispensary if the State Government so direct provided that the State Government shall not so direct until the council shall have had an opportunity of submitting its views on the subject to the State Government;

Provided further that the council shall not be bound to provide or maintain such hospitals or dispensaries when in the opinion of the State Government sufficient provision has otherwise been made for the treatment free of charge of the sick poor and the treatment of patients suffering from infectious diseases in the municipality.

(ii) Any inhabitant of the municipality, who is not a fit object of public charity, may, subject to such regulations as the council, with the approval of the State Government, may from time to time frame obtain medical or surgical advice and treatment from any hospital or dispensary maintained by the Council from endowments or from the municipal funds; provided that any charges incurred by the council in medical or surgical relief of persons other than the sick poor of the municipality or those unable to pay a medical attendant shall be reimbursed by such persons.

(iii) The council may also permit the treatment in the hospitals or dispensaries maintained by it from endowments or from the municipal fund, of any person not resident in the municipality.

(iv) The council shall provide every hospital or dispensary provided or maintained by it with all necessary drugs, instruments, apparatus, furniture and appliances on a scale approved by the State Government and when, in the opinion of the council provision for in-patients may be necessary, it shall also provide a sufficient number of cots, bedding, clothing, furniture and diet for such in-patients.

(v) The council shall employ a medical officer for any hospital or dispensary maintained by it from endowments or from the municipal fund.

(Rules 44 to 46 of Shedule IV to Tamil Nadu District Municipalities Act, 1920.)

396. **Rules relating to medical institutions maintained by municipal councils.**—(1) All hospitals and dispensaries including Ayurvedic, Siddha and Unani institutions shall be open to inspection by the District Medical Officers concerned the Director of Health Services and Family Planning and Additional Director of Health Services and Family Planning. The Director of Indian Medicine shall be entitled to enter and inspect Ayurvedic Siddha and Unani institutions as often as he shall think fit.

(2) Copies of all orders issued by the executive authority of a municipal council to any member of its medical or vaccination staff, which relate to the transfer promotion or punishment of such member or to purely professional matters, including the dieting of patients, shall be sent simultaneously by the executive authority—

(*a*) in the case of a member of the madical staff employed in institutions of modern medicine to the District Medical Officer concerned and in the case of Ayurvedic, Siddha and Unani institutions to the District Medical Officers concerned and to the Director of Indian Medicine, Madras.

(*b*) in the case of a member of the vaccination staff to the Municipal Health Officer where there is one and where there is no such officer to the District Health Officer.

(3) (*A*) Where it proposed to add to reduce or alter the medical or vaccination staff of a municipal council, the executive authority shall consult—

(i) (*a*) in the case of medical staff of institutions of modern medicine, the District Officer concerned and in the cases of Ayurvedic, Siddha and Unani institutions, theDistrcit Medical Officer concerned and the Director of Indian Medicine, Madras;

(*b*) in the case of the vaccination staff, the Municipal Health Officer where there is one and where there is no such officer, the District Health Officer; and

(ii) place the remarks of the officer consulted before the council for its consideration.

(*B*) The executive authority shall communicate the decisions of the council in respect of the proposal to the officer consulted and shall obtain the sanction of Government or such other authority to whom the powers of Government in the matter have been delegated before giving effect to the proposal.

(4) Every Medical Officer in charge of a hospital or dispensary shall—

(*a*) keep a nominal register of the in-patients and out-patients treated in the hospital or dispensary; and

(*b*) submit in the case of an Ayurvedic, Siddha or Unani hospital or dispensary to the Director of Indian Medicine and in the case of any other hospital or dispensary to the District Medical Officer monthly and annual returns if the institution be a hospital and an annual return if the institution be a dispensary, together in the case of either institution with a special report (which shall accompany the annual return) regarding the working of the hospital or dispensary during the year.

The nominal register and the monthly and annual returns shall be in such form and the special report shall contain such particulars as may be laid down by the Government from time to time. The monthly return for each month shall be submitted so as to reach the Office of the Director of Indian Medicine or of the District Medical Officer, as the case may require, and the executive authority not later than the 15th of the following month and the annual return and special report for each calendar year so as to reach the said office not later than the 5th January following.

(5) The following records shall be maintained in each municipal hospital or dispensary in such form as may be laid down by the Government from time to time :—

(i) register of subscriptions and donations;

(ii) receipt book, and

(iii) register of recovery of hospital stoppages and charges for supply of special medicines.

(6) The payment of stipends and allowances such as travelling and clothing allowances to employees of municipal councils undergoing training as Maternity Assistants, Nurses, Vaccinators or Pharmacist shall, where no regulations have been framed by the municipal council in that behalf, be governed by the rules and orders applicable to servants of the State Government of similar standing and status.

(G.Os. No. 4785, L. and M., dated 1st December 1932,
No. 996, Education, dated 6th May 1937,
No. 1026, Education, dated 9th May 1939 and
No. 2232, Public Health, dated 20th July 1940.)

397. Rules relating to the appointment and punishment of officers and servants of municipal councils—

THE TAMIL NADU MUNICIPAL MEDICAL SERVICE RULES, 1970.

(i) **Constitutions.**—This service shall consist of the following categories :—

Category 1	City Family Planning Officer
Category 2	Medical Officer (Allopathic System).
Category 3	Medical Officer (Indigenous System).
Category 4	Veterinagry Assistant Surgeon.
Category 5	Health Extension Educator (F.P.).
Category 6(i)	Chief Pharmacist.
Category 6(ii)	Store-Keeper-*cum*-Accountant.
Category 7	Radiographer
Category 8(i)	Public Health Laboratory Technician, Grade-I.
Category 8(ii)	Female Social Worker (V.D.)
Category 9(i)	Pharmacist (Allopathy).
Category 9(ii)	Social Worker (Male) (F.P.)
Category 10	Nurse.
Category 11	Maternity Assistant.

(ii) **Appointment.**—Appointment to all the categories shall be made by direct recruitment only.

Provided that for appointment to Category 9(i), preference shall be given to Nursing Assistants of municipal council.

(iii) **Recruiting and Appointing authority.**—(*a*) The recruiting authority in respect of the categories in column (1) below shall be those specified in the corresponding entry in column (2) thereof :—

Category. (1)	*Recruiting authority.* (2)
1 to 5	Selection Committee.
6 to 11	Appointment Committee.

(*b*) The appointing authority in respect of the categories in column (i) below shall be those specified in the corresponding entry in column (ii) thereof :—

Category. (1)	*Appointing authority.* (2)
1 to 5	Director of Municipal Administration.
6 to 11	The Municipal Commissioner concsrned.

(iv) Procedure for recruitment.—(1) The following procedure shall be followed in the matter of recruitment of candidates by the Selection Committee :—

The Director of Municipal Administration shall estimate the number of substantive vacancies likely to arise in each category for which recruitment has to be made by the Selection Committee, The estimate shall cover the calendar year for which the recruitment is made. In July of every year, the Director of Municipal Administration shall advertise the number of such vacancies available and invite applications from all eligible candidates and shall have them scrutinised by the Heads of Government Departments as detailed below :—

Category. (1)	*Head of Department.* (2)
1 and 2, 5	Director of Health Services and Family Planning
3	Director of Indian Medicine.
4	Director of Animal Husbandry.

The applications so serutinised along with the estimate of vacancies shall be furnished to the Seclection Committee which shall then select candidates on the basis of an interview only. The recruitment shall be made separately for each category. The names of the candidates selected for appointment shall be arranged in the order of preference in each list. The list thus prepared shall be the list of "approved candidates" and furnished to the appointing authority.

(2) The following procedure shall be followed in the matter of recruitment of candidates by the Appointment Committee of the Municipal Council.

The Commissioner of the Municipal concerned shall call for a list of eligible candidatese from the local Employment Exchange and place the list before the Appointment Committee. The Committee shall then select the required number of candidates on the basis of an interview only. If sufficient number of candidates from the Employment Exchange is not available the Commissioner shall advertise the vacancies in the local dailies of the district and invite applications from eligible candidates and compile them. The applications so complied shall be placed before the Appointment Committee. The Appoinment Committee shall then select the candidate on the basis of an interview only. If a selection is to be made from such of those persons who are employees of the Municipal Council the Employment Exchange need not be consulted.

The selection shall be made separately for each category. The names of the candidates selected for appointment shall be arranged in the order of preferences in each list. The lists thus prepaid shall be the lists of "approved candidates". Appointment Committee shall send the list to the Commissioner immediately after it is drawn up.

2. Unit of appointment.—For purposes of appointment, transfer discharge for want of vacancies, reappointment and appointment as full member of the service, the unit shall be as follows :-

Category. (1)	*Unit.* (2)
1 to 5	All the Municipalities in the State taken together
6 to 11	The Municipality concerned.

(G.O. Ms. No. 20, L.A., dated 5th Janaury 1972.)

3. *Penalties.*—The following penalties may, for good and sufficient reason, be imposed on any member of a service, namely :—

(i) Censure ;

(ii) Witholding of increments or promotion, including stoppage at an efficiency bar ;

(iii) Reduction to a lower rank in the seniority list or to a lower post of time-scale or to a lower stage in a time-scale ;

(iv) Recovery from pay of the whole or part of any pecuniary loss caused to a municipa council or to any other local body or the State Government or the Central Government by negligence or breach of orders ;

(v) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of increments ordered to be withheld, where such an order cannot be given effect to;

(vi) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of reduction to a lower stage in a time-scale ordered, where such an order cannot be given effect to ;

Explanation.—In cases of stoppage of increment with cumulative effect, the monetary value of three times the amount of increments ordered to be withheld may be recovered.

(vii) Compulsory retirement from the municipal service ;

(viii) Removal from the municipal service ;

(ix) Dismissal from the municipal service ;

(x) Suspension, where a person has already been suspended under rule 8, to the extent considered necessary by the authority imposing the penalty.

Explanation.—(1) The discharge—(i) of a person appointed on probation before the expiry or at the end of the prescribed or excluded period of probation ; or

(ii) of a person engaged under contract, in accordance with the terms of his contract, or

(iii) of a person appointed otherwise than under contract to hold a temporary appointment on the expiration of the period of the appointment does not amount to removal or dismissal within the meaning of this rule.

(2) The removal of a person from the Municipal Service shall not disqualify him from future employment but the dismissal of a person from the municipal service shall ordinarily disqualify him from future employment.

4. *Disciplinary authority.*—(1) The authority competent to impose the penalties specified in clauses (1), (2), (4) and (5) of rule 3, on a member of a service other than those holding posts in any of the categories in the Tamil Nadu Municipal Engineering and Water Works Service shall be the Commissioner of the Municipality concerned.

(2) The authority competent to impose any of the penalties mentioned in sub-rule (1) on a member of a service holding a post in any of the categories in the Tamil Nadu Municipal Engineering and Water Works Service shall be the Municipal Engineer.

Explanation.—(i) In case covered by sub-rule (1), if the delinquent is working in a Municipality other than the Municipality where the lapse was committed the competent authority shall be the Commissioner of the Municipality in which the delinquent was working at the time when the lapse was committed.

(ii) In cases covered by sub-rule (2), if the delinquent happens to be working in a Municipality other than the Municipality where the lapse was committed then the competent authority shall be the Municipal Engineer of the Municipality in which the lapse was committed.

(3) The authority competent to impose the penalties specified in clauses (3), (6), (7), (8), (9) and (10) of rule 3, on a member of a service shall be the appointing authority. The appointing authority in respect of posts included in the Tamil Nadu Municipal Engineering and Water Works Service and in Branch II of the Tamil Nadu Municipal Public Health and Medical Service should consult the head of the Government Department concerned before final orders are passed subject to the following conditions :—

(i) the consultation should be only in respect of technical points, which in the opinion of the disciplinary authority require clarification ;

(ii) it should not relate to the adequacy of the explanation or the quantum of penalty to be imposed ;

(iii) there should be kept in the file a written record of the consultation.

5. *Appellate aurthority.*—(1) Notwithstanding the provisions in rule 4 the appellate authority may, in respect of any specific penalty, pass an order imposing penalty on a member of a service in any specified case.

(2) Where in any case the appellate authority has imposed or declined to impose a penalty under this rule, the disciplinary authority shall have no jurisdiction to proceed under this rule in respect of the same case.

(3) The fact that a disciplinary authority has imposed or declined to impose a penalty in any case shall not debar the appellate authority from exercising his jurisdiction under this rule in respect of the same case.

(4) The order of the appellate authority in imposing or declining to impose in any case a penalty under this rule shall supersede any order passed by the disciplinary authority in respect of the same case.

(5) The fact that a disciplinary authority has dropped a charge against a member of a service as not proved, shall not debar the appellate authority from reviving it for reasons to be recorded in writing and taking suitable action on the charge so revived.

6. *Disciplinary authority in respect of persons promoted or transferred.*—Where a person has been promoted or transferred from a class or category of a service to a higher class or category of such service, no penalty shall be imposed on him in respect of his wotk or conduct while he was a member of the class or category from which he was promoted or transferred, except by an authority competent to appoint him to the class or category to which he has been promoted or transferred.

7. *Disciplinary authority in respect of persons reduced or reverted.*—Where a person has been reduced or reverted from a class or category of a service to a lower class or category of such service, no penalty shall be imposed upon him in respect of his work or conduct while he was a member of the class or category from which he was reverted or reduced except by an authority competent to impose the penalty upon a member of such class or category, as the case may be.

8. *Procedure for imposing penalties.*—(1) In every case where it is proposed to impose on a member of a service any of the penalties specified in clauses (1), (2), (4) and (5) of the rule 3 he shall be given a reasonable opportunity of making any representation that he may desire to make and such representation, if any shall be taken into consideration before the order imposing the penalty is passed :

Provided that the requirements of this sub-rule shall not apply where it is proposed to impose on a member or a service any of the penalties aforesaid on the basis of facts which have led to his conviction by a court martial or where the officer concerned has absconded or where it is for other reasons impracticable to communicate with him.

(2) In every case were it is proposed to impose on a member of a service any of the penalties specified in clauses (2),(6),(7),(8) and (9) of rule 3 the grounds on which it is proposed to take action shall be reduced to the form of a definite charge or charges which shall be communicated to the person charged together with a statement of the allegations on which each charge is based and of any other circumstances on which it is proposed to take into consideration in paasing orders on the case. The persons so charged shall be required, within a reasonable time to put in a written statement of his defence and to state whether he desires an oral inquiry or only to be heard in person or both. An oral inquiry shall be held if such an inquiry is desired by the person charged or is directed by the authority concerned. At that inquiry oral evidence shall be taken as to such of the allegations as are not admitted and the person charged shall be entitled to cross-examine the witnesses, to give evidence in person and to have such witnesses called, as he may wish, provided that the officer conducting the inquiry may for special and sufficient reason to be recorded in writing, refuse to call a witness. After the inquiry has been completed, the person charged shall be entitled to put in, if he so desire, any further written statement of his defence. If no inquiry is held and if he had desired to be heard in person, a personal hearing shall be given to him. The proceedings shall contain a sufficient record of the evidence and a statament of the findings and grounds thereof.

(3) After the inquiry referred to in sub-rule (2) has been completed and after the authority competent to impose the penalty has arrived at a provisional conclusion in regard to the penalty to be imposed, the person charged shall be supplied with a copy of the report of the enquiring authority and he shall be called upon to show cause, within a reasonable time not ordinarily exceeding one month, against the particular proposed to be inflicted.

(4) Any representation in this behalf submitted by the person charged shall be taken into consideration before final orders are passed, provided that such representation shall be based only on the evidence adduced during the enquiry.

Explanation.—An opportunity to show cause against the imposition of any of the penalties referred to in sub-rule (2) shall be given, after the authority competent to impose the penalty arrives at a provisional conclusion in regard to the penalty to be imposed, either by such authority himself or under his direction by a subordinate authority who is superior in rank to the person on whom it is proposed to impose the penalty,

(5) The requirements of sub-rule (2) shall not apply where it is proposed to impose on a member of a service any such penalty as is referred to therein on the basis of the facts which have led to his conviction in a original court (whether or not he has sentenced by such court to any punishment) ; but he shall be given a reasonable opportunity of making any representation that he may desire to make and such representation, if any shall be taken into consideration before the order imposing the penalty is passed.

(6) The requirements of sub-rule (2) shall not apply where it is proposed to impose on a member of service any of the penalties mentioned in rule 3 on the basis of the facts which have led to his conviction by a court martial or where the person concerned has absconded or where it is for other reasons impracticable to communicate with him.

(7) The provisions of sub-rule (2) shall not apply where the State Government are satisfied that in the interest of the security of the State it is not expedient to follow the procedure prescribed in that sub-rule.

(8) All or any of the provisions of sub-rules (1) and (2) may, in exceptional cases, for special and sufficient reasons to be recorded in writing, be waived where there is difficulty in observing exactly the requirements of the said sub-rules and those requirements can be waived without injustice to the person charged. If any question arises, whether it is reasonably practicable to follow the procedure prescribed in sub-rule (2), the decision thereon of the authority competent to dismiss or remove such person or reduce him in rank, as the case may be, shall be final.

(9) A member of a service may be placed under suspension from service, where—

(i) an enquiry into grave charge against him is contemplated or is pending ; or

(ii) a complaint against him of any criminal offends is under investigation or trial and if such suspension is necessary in the public interest.

(10) A member of a service who is detained in custody whether on a criminal charge or otherwise for a period longer than forty-eight hours, shall be deemed to have been suspended under this rule.

(11) Where a penalty of dismissal, removal or compulsory retirement from service imposed upon a member of a service under suspension is set aside in appeal or on review under these rules and the case is remitted for further inquiry or action or with any other directions the order of his suspension shall be deemed to have continued in force on and from the date of original order of dismissal, removal or Compulsory retirement and shall remain in force until further orders.

(12) Where a penalty of dismissal, removal or complusory retirement from service imposed upon a member of a service is set aside or declared or rendered void in consequence of or by a decision of a court of law and the disciplinary authority, on a consideration of the circumstances of the case, decides to hold a further inquiry against him on the allegations on which the penalty of dismissal, removal or compulsory retirement was originally imposed, such member of a service shall be deemed to have been placed under suspension by the appointing authority from the date of original order if dismissal, removal or compulsory retirement and shall continue to remain under suspension until further orders.

(13) An order of suspension made or deemed to have been made under this rule may at any time be revoked by the authority which made the order or by the appellate authority or the State Government.

9. *Maintenance of records.*—The competent authority imposing any penalty under these rule shall maintain a record showing—

(1) the allegations upon which action was taken against the person punished ;

(2) the charges framed, if any ;

(3) the person's representation, if any, and the evidence taken, if any; and

10. Order of punishment to state grounds and to be communieated.—All orders of punishment shall state the grounds on which they are based and shall be communicated in writing to the person against whom they are passed.

11. **Appeal.**—Every member of a service shall have the right of appeal against an order passed by an authority :—

(1) imposing on him any of the penalties specified in rule 3.

(2) discharging him in accordance with the terms of his contract, if he has been engaged on a contract for a period exceeding three years at the time when his service are terminated.

12. **Appeals to appointing authority.**—A member of a service on whom any of the penalties mentioned in clauses (1), (2), (4) and (5) of rule 3 has been imposed may appeal against the order imposing that penalty to the authority competent to appoint him to the post held by him at the time when the cause for the disciplinary proceedings arose.

13. **Appellate authority.**—(*a*) Where any of the penalties mentioned in rule 12 has been imposed by the Municipal Commissioner as an appointing authority in respect of a member of a service holding post in any of the categories in the Tamil Nadu Municipal General Service, the Tamil Nadu Municipal Educational Service and Branch II of the Tamil Nadu Municipal Public Health and Medical Service the appeal shall lie to the Director of Municipal Administration and in the case of Tamil Nadu Municipal Town Planning Service to the Director of Town Planning.

(*b*) A member of service on whom any of the penalties mentioned in clauses (3), (6), (7), (8), and (9) of rule 3 has been imposed may appeal against the order imposing that penalty where such an order has been passed by the Municipal Commissioner, to the Director of Municpal Administration in the case of members of a service holding posts in any of the categories in the Tamil Nadu Municipal General Service, the Tamil Nadu Municipal Engineering and Water Works Service, the Tamil Nadu Municipal Educational Service and Branch II of the Tamil Nadu Municipal Public Health and Medical Service and to the Director of Town Planning in the case of members in the Tamil Nadu Municipal Town Planning Service and where the order has been passed by the Director of Municipal Administration or the Director of Town Planning to the State Government.

14. **Appeal to Government.**—Notwithstanding anything contained in rules 12 and 13 where an original order imposing a specific penalty on a member of a service has been passed by the appellate authority in exercise of the powers conferred by rule 5, an appeal against such orders shall lie only to the State Government :

Provided that where the appellate authority who has passed the original order imposing the penalty happens to be State Government, the person aggrieved by the order may again appeal to the State Government to reconsider the order. The State Government shall there upon, review the records of the case and pass such orders thereon as it may appear to them to be just or expedient.

15. Procedure to be followed by the appellate authority. (1) in the case of an appeal against an order imposing any penalty specified in rule, 3, the appellate authority shall consider—

(i) whether the facts on which the order was based have been established ;

(ii) whether the facts established afford sufficient ground for taking action ; and

(iii) whether the penalty is excessive, adequate or inadequate; and after such consideration shall pass such orders as it thinks proper.

(2) Any error or defect in the procedure followed in imposing a penalty may be registered by the appellate authority if such authority considers, for reasons to be recorded in writing, that the error or defect was not material and has neither caused injustice to this person concerned nor affected the decision of the case.

16. **Appellate authority to decide appeals.**—In the case of an appeal, the appellate authority shall pass such orders as appears to it sust and equitable, having regard to all the circumstance of the case.

17. **Mode of prefering an appeal.**—(*a*) Every person preferring an appeal shall do so separately and in his own name.

(*b*) Every appeal preferred under these rules shall contain all material statements and arguments relied on by the appellant shall contain no disrespectful or improper language and shall be complete in itself. Every such appeal shall be addressed to the authority to whom the appeal is preferred and shall be submitted through the head of the office to which the appellant belongs or belonged and through the authority from whose order the appeal is preferred.

18. **Withholding of appeal.**—An appeal may be withheld by an authority not lower than the authority from whose order it is preferred, if—

(1) it is an appeal in a case in which under these rules no appeal lies, or

(2) it does not comply with the provisions of rule 17 (b) ; or

(3) it is not preferred within two months after the date on which the appellant was informed of the order appealed against, and no reasonable cause is shown for the delay ; or

(4) it is a repetition of a previous appeal and is made to the same appellate authority by which such appeal has been decided and no new facts or circumstances are adduced which afford grounds for reconsideration of the case ; or?

(5) it is addressed to an authority to which no appeal lies under these rules ;

Provided that in everycase in which an appeal is withheld, the appellant shall be informed of the fact and the reasons for it.

Provided further that an appeal withheld on account only of failure to comply with the provisions of rule 17 (b) may be resubmitted at any time within one month of the date on which the appellant has been informed of the withholding of the appeal, and an appeal resubmitted in a form which complies with those provisions, shall not be withheld.

19. No appeal to lie against withholding of any appeal.—No appeal shall lie against the withholding of an appeal by a competent authority.

20. Powers of appellates authority or Government when no appeal is preferred.—The authority by whom an order imposing a penalty specified in rule 3 may be reversed or altered of cases in which no appeal is preferred shall be the appellate authority prescribed in the rules or the State Government.

21. Forwarding of appeals and list of appeal withheld to the appellate authority.—(1) Every appeal which is not withheld under these rules shall be forwarded to the appellate authority by the authority from whose order the appeal is preferred with an expression of opinion.

(2) A list of appeals withheld under rule 18, with the reason for withholding the forwarded half-yearly by the withholding authority to the appellate authority.

22. Powers of appellate authority to call for a withheld appeal.—An appellate authority may call for any appeal admissible under these rules which has been withheld by a subordinate authority and may pass such orders thereon as it considers fit.

23. **Savings.**—Nothing in these rules shall operate to deprieve any person of any right of appeal which he would have had if these rules had not been made, in respect of any order passed before they came into force. An appeal pending at the time, when preferred after these camee into force, shall be deemed to be an appeal under these rules, and rule 15 shall apply as if the appeal were against an order appliecable under theset rules.

before they came into force. An appeal pending at the time, when preferred after these rules came into force shall be deemed to be an appeal under these rules and rule 15 shall apply as if the appeal were again an order appliecable under these rules.

24. Revision petition to Government.—Where the original order imposing any of the penalties specified in rule 3 has been imposed on a member of a service by the State Government such member may, within two months on the date on which the order is communicated to him, submit a revision petition to the Government against the order, In disposing of such petition the State Government shall, as far as poss ble, follow the procedure prescribed for deal ng with appeals.

2. Powers of Government to pass orders on completed disciplinary proceedings.—Notwithstanding anything contained in these rules, the State Government shall have the power to call for the records relating to a disciplinary proceedings wh ch has been completed either by the disciplinary authority or by the appellate authority and pass such orders on oits they may consider just or expedient :

Provided that before a penalty is imposed in a case where it has been mposed or a penalty which has been imposed is enhanced, the persons concerned should be given an opportunity to show cause why the penalty should not be imposed or enhanced as the case may be.

(G.O. No. 20, R.D.L.A. Department dated 5th January 1972).

(G.O. No. 22, R.D.L.A. Department dated 5th January 1972)

CHAPTER XV

MEDICAL RELIEF IN RURAL AREAS.

Section 1.—The rural Medical Scheme.

398. Objects of the scheme—The rural Medical Scheme was introduced by Government with a view to bring medical relief within easy reach of rural population and to divert to the villages the large number of unemployed medical men who congregate in towns for private practice. Registered Medical Practitioners of both modern and Indian systems of medicines are encouraged to settle down permanently in villages for practice by the grant of (a) money subsidies either from State funds or from the funds of panchayat Union and (b) supply of medicines, etc., from panchayat Unions. The scheme is also aimed at affording the best scope for the development of an independent medical profession in the country.

399 General principle governing the grant of subsidy—The subsidy is fixed at a level at which the medical practitioner is compelled to exert himself and earn the confidence of his neighbours so as to supplement his income by private practice; at the same time the level should be as much as to provide an attraction in the initial stage until they are able to build up a practice.

400. Buildings, equipment, etc.,—(1) The idea underlying the system of rural medical relief as contemplated in G.O. No. 1522, Public Health, dated 22nd October 1924, is that the rural dispensaries should, wherever possible, be located at the private residence of the Rural Medical Practitioner itself. In cases where a separate building is necessary and the Panchayat Union is unable to construct one for locating the dispensary from its own funds, the Panchayat Union may take up a private house for the purpose and pay the rent therefor from its funds.

(Government Memorandum No. 101037 G 2-47/3, Public Health, dated March 1948.)

2 Commissioners of Panchayat Union are competent to incur expenditure from their own funds on the construction of buildings, provision of equipment, employment of staff, in respect of rural dispensaries and sanction of Government is not necessary for such expenditure.

(G.Os. No. 1522, Public Health, dated 22nd October 1924,
No. 761, Public Health, dated 7th April 1925,
No. 986, Public Health, dated 13th February 1925,
No. 1263, Public Health, dated 18th June 1925,
No. 1431, Public Health, dated 16th August 1931,
No. 3196, Public Health, dated 19th July 1940,
No. 2129, Public Health, dated 11th October 1932, and
No. 983, Public Health, dated 28th May 1931.)

NOTE.—No grant is admissible from State funds towards the construction of buildings for rural dispensaries maintained by Panchayat Union, as the system of rural medical relief does not contemplate the incurring by Government of any expenditure on buildings for rural dispensaries.

(Government Memorandum No. 73027/G/48-1, Public Health, dated 28th October 1948.)

(3) Wherever a Panchayat Union fails to accommodate a rural dispensary in a suitable building, the desirability of providing suitable accommodation should be impressed on the Panchayat Union concerned so that the dispensary will not lose its popularity and attractiveness. Cases of Panchayat Unions which persist in not providing suitable accommodation for rural dispensaries should be brought to the notice of Government.

(Govt. Memorandum No. 1206/D-43-1, Public Health, dated 30th January 1923.)

401. Supply of medicines.—(1) With a view to ensure an adequate supply of medicines for all rural dispensaries, Panchayat Unions shall arrange to make provision in their budgets towards the purchase of medicines to the rural dispensaries, under their control, at the rate of Rs. 5,000 per annum for each regular Panchayat Union dispensary of modern medicine and Rs. 2,500 per annum for each rural dispensary of Indian Medicine.

(2) In order that the allotment sanctioned for the purchase of medical stores for a rural dispensary is not left unutilised, the following instructions should be observed:—

(i) The Commissioners of PanchayatUnions should arrange to see that rural dispensaries in their districts are always adequately stocked with medicines, etc. Sufficient stock of medicines and equipment required for a year should invariable be included in the annual indent for supply of medicines. The indents should be regularly sent to the Medical Store Depot, Madras, in time by strictly adhering to the latest programme of dates prescribed by Government.

(ii) The Director of Health Services and Family Planning and the Director of Indian Medicine shall take necessary steps to see that the annual indents made on the Medical Stores Depot, Madras, for supply of medicines, etc., for the rural dispensaries are complied with by the stores as expeditiously and as fully as possible. If any of the articles indented for by the Panchayat Union are not readily available with the Medical Stores Depot, Madras, the latter should send intimation about it immediately to the Panchayat Union concerned to enable them to purchase these items, locally if necessary; before the provision made for supply of medicines for the year lapses.

(iii) The District Medical Officers and Inspecting Officers, during their inspection of the rural dispensaries should pay special attention to see that the dispensaries are adequately stocked with medical stores and equipment. If they find any dispensary short of stock, they should bring the matter to the notice of the Panchayat Unions concerned. The Rural Medical Practitioner himself should also at his own initiative, address the Panchayat Union for the replenishment of stocks, sending copies of his requisition to the District Medical Officer concerned.

(iv) Whenever the stock of medicines in any Rural Dispensary goes short, the need for a sufficient quantity of which could not have been anticipated earlier while submitting the annual indent, or whenever any of the articles intended for on the Medical StoresDepot, Madras, could not be got either due to the non-availability of these articles with them or for immediate use, Commissioner of Panchayat Union may in such cases replenish the required stock of medicines, by transfer of these articles from any of the dispensaries in the district, where they may be found in excess of the normal requirements, or by the local purchase in consultation with the District Medical Officers concerned.

(v) The Rural Medical Practitioner in each Rural Dispensary should be required to send to the Panchayat Union and the District Medical Officer concerned, a quarterly return, of stock of the medical stores in his dispensary so as to enable the replenishment of the stocks fallen short, wherever necessary, at least once in a quarter, in the manner indicated above. The Pane chayat Union should also supply the practitioner with the necessary outfit for the use of the Maternity Assistant if one is employed in the dispensary. The medicines required by the Maternity Assistant should be supplied from time to time from the stock of drugs supplied to the Practitione by the Panchayat Union.

NOTE.—In cases where the Panchayat Unions are not able to bear the expenditure from their funds on account of the payment of subsidies to the Rural Medical Practitioner and Maternity Assistants under their control and on account of increased provision for supply of medicines for the dispensaries they may approach Government for grants towards the extra expenditure justifying the same with reference to their financial position.

(G.O. Ms. No. 4236, Public Health, dated 13th December 1948, and No. 2436, Public Health, dated 7th July 1949.)

(vi) The village vaidyas may use in their practice the following medicines :—

1. Lead lotion (Plain).
2. Acid Acetic dil (for Urine Examination).
3. Adhesive strapping.
4. Oleenum Eucalyptus.
5. Obum Terabenthinie.
6. Cinchona products in place of quinine.
7. Acid citric.
8. henol for disinfection purpose.
9. Benedicts solution urine test.
10. Zinc Oxide.

(G.O. Ms. No. 243, H, dated 4th January 1959 communicate in Director of Health Services and Family Planning Ref. P. No. 47-IM/59, dated 16th February 1959.

402. Contingent charges for postage, stationery etc.—Local bodies are empowered to pay up to a maximum of Rs. 5 per mensem for meeting the contingent charges of a Rural Medical Practitioner on postage, stationery, etc. No fixed allowance should however be paid to the Medical Practitioner for this purpose.

(G.O. No. 3510, Public Health, dated 4th October 1938, Government Memorandum No. 25677-Dip. 43A Public Health, dated 28th November 1943 and Surgeon General's P. No. 289, Health, dated 6th December 1943.)

Section 2.—Rural dispensaries.

403. Procedure for opening new rural dispensaries.—(1) Panchayat Unions should report to Government by the 1st September of each year, the number of additional Rural Dispensaries which they desire to open in the succeeding year with a certificate to the effect that they will meet the cost of the medicines, etc., to be supplied to them. They should consult the District Medical Officers and the Revenue Divisional Officers concerned through the Collector in regard to the suitability of the villages selected by them for the opening of new rural dispensaries and submit a copy of the opinion given by them along with the proposals for the opening of new rural dispensaries.

(2) (i) As a rule, no new rural dispensary (whether subsidised or non-subsidised) should be opened within a radius of eight kilometres from an existing dispensary.

(ii) However Rural Sidha Dispensaries may be opened by Local Bodies within a radius of eight Kilometres if considered necessary and if the financial position of the Local Body is sound.

(G.O. Ms. No. 2294, Health, dated 11th October 1974.)

(3) The District Medical Officers should take note of the following points when making recommendations for the opening of new rural dispensaries:—

(i) Whether the Public Health Expenditure of the Panchayat Union is within the permissible limits laid down by the Government from time to time.

(ii) Whether the Panchayat Union will be in a position to financethe dispensary for reasonably a long period of time.

(iii) Whether all the existing rural dispensaries are properly equipped with midwifery forceps, tooth-case, etc., according to G.O. No.761, Public Health, dated 7th April 1925.

(iv) Whether the Panchayat Union has made suitable provision for drugs, etc.

(4) Panchayat Unions can open and maintain from their own funds non-subsidized rural dispensaries without Government sanction, but in order to ensure that the general conditions prescribed for the opening of such dispensaries are satisfied, the Commissioner of Panchayat Unions should invariably consult the District Medical Officers concerned in the matter of selection of villages and non-subsidized rural dispensaries both of modern medicine and of Indian medicines should be opened only after the District Medical Officer concerned has reported that the General conditions prescribed have been satisfied. The District Medical Officers should submit to the Director of Health Services and Family Planning half-yearly returns in July and January every year showing the names of non-subsidized rural dispensaries of modern medicine opened during the preceding half-year for the information of the Director of Health Services and Family Planning. Similar returns showing the names of non-subsidized rural dispensaries of Indian Medicines should also be submitted by the District Medical Officers to the Director of Indian Medicine, half-yearly during the months referred to above.

(5) Applications for Government subsidies for Rural Medical Practitioners and Maternity Assistants will be entertained only from Panchayat Unions in whose areas there are no subsidized rural dispensaries remaining closed for three months. Should there be a subsidized rural dispensary remaining closed for three months, in a local area, the local body concerned should first have the normal provision for that dispensary diverted for opening a rural dispensary in some other suitable place, before it applies to the Government for new Government subsidies for Rural Medical Practitioners and Maternity Assistants.

All applications for Government subsidies for Rural Medical Practitioners and Maternity Assistants should be sent in complete shape to reach the Director of Health Services and Family Planning in the case of institutions of modern medicine or the Director of Indian Medicine in the case of Institutions of Indian Medicine before the 1st September of every year, the applications of the Panchayat coming to the Director of Health Services and Family Planning of the Director of Indian Medicine through the Director of Rural Development.

Applications for subsidies for Maternity Assistants in existing subsidies rural dispensaries should be supported by statistics of labour cases conducted in the area served by the dispensaries during the previous three years.

The Director of Indian Medicine will consolidate all applications relating to rural dispensaries of Indian Medicine and send his proposals to the Government before the 1st October of every year.

The Director of Health Services and Family Planning will consolidate all applications relating to the rural dispensaries of Modern Medicines and send his proposals to the Government before the 1st October of every year.

(G.O. Ms. No. 1558, Health, dated 8th June 1954.)

(6) The provision, if any, made in the Civil Budget Estimate for the next year for the opening of subsidized rural dispensaries will be intimated by Government to the Panchayat Unions. A further Government Order will be issued immediately the provision has been voted by the Legislature. The Unions can then open, without any further reference to Government, such number of dispensaries at villages already approved by the District Medical Officer and the Collector, as there is budget provision for and draw subsidies in respect of them from the date of their opening. A report should be sent to the Accountant-General, Madras as soon as a subsidized rural dispensary has been opened to enable him to issue the necessary authorisation for the payment of subsidy. A report should simultaneously be made to the District Medical Officer concerned, the Director of Health Services and Family Planning, the Director of Indian Medicine and the Government for their information.

(G.Os. No. 366, Public Health, dated 22nd February 1932,
No. 3066, Public Health, dated 15th November 1937,
No. 2072, Public Health, dated 17th May 1942,
Surgeon-General's Circular P. No. 434-Health, dated 4th November 1941.
G.Os. No. 3683, Public Health, dated 23rd December 1946,
No. 4287, Health, dated 21st December 1950,
No. 3850, Health, dated 9th November 1951, and
Surgeon-General's P. No. 31/G 2-51, dated 10th February 1951.)

404. Conversion of an institution from one system of medicine to another.—(1) If, after obtaining the opinion of the District Medical Officer, or the Director of Indian Medicine as the case may be, the Panchayat Union/Municipalities consider that the dispensary is not working satisfactorily or that it is superfluous on account of its proximity to other rural dispensaries or local body or Government Medical Institutions or that a regular local body dispensary should be opened instead of the rural dispensary in that village or that the dispensary should be converted on public grounds into a dispensary of Indian Medicine, it may, after obtaining the previous approval of the Government to its proposal, close the rural dispensary after giving three months notice to the Practitioner. When the rural dispensary is shifted to another village, the practitioner in-charge of the dispensary shall, if he is willing, be appointed as the Medical Practitioner in-charge of the newly opened rural dispensary.

(2) Sanction of Government is not necessary for the conversion o a non-subsidized dispensary of Modern Medicine into one of Indian Medicine.

(3) Rural dispensaries of Modern Medicines, temporarily converted into those of Indian Medicine for want of practitioners of Modern Medicine may be retained permanently, as the rural dispensaries of Indian Medicine after a period of three years from the date of their temporary conversion, if practitioners of Modern Medicine are not available for appointment by that period subject to the condition that 'A' Class practitioners of Indian Medicine are employed in such converted rural dispensaries.

(G.O.s. No. 2111, Public Health, dated 9th July 1942,
No. 3229, Public Health, dated 16th December 1943,
and No. 3559, Health, dated 17th October 1951,
G.O. Ms. No. 1341, Health, dated 29th May 1973 and
G.O. Ms. No. 1190, Health, dated 22nd May 1970.)

NOTE.—Indian Medicine dispensaries (Siddha, Ayurveda and Unani) run by local bodies should not be converted into modern medicine dispensaries.

(Government Memorandum No. 71592/H 9-70-18, Health, dated 6th June 1972.)

405. Working hours for rural dispensaries.—Rural Dispensaries should be kept open between the hours of 7-30 a.m. and 12 noon on week days and 7 a.m. to 10 a.m. on Sundays. The Commissioners of the Panchayat Unions are authorized to permit Medical Practitioners in charge of rural dispensaries to adopt in exceptional cases 7 to 10 a.m. and 3 to 5 p.m. as working hours on week days.

(G.O. No. 3145, Public Health, dated 10th October 1942 and
No. 3254, Public Health, dated 17th December 1945.)

406. Closure during the temporary absence of the Medical Practitioner-Avoidance of.—There is no need to close the dispensaries temporarily during the absence of Medical Practitioner in-charge of them. In order to overcome the delay and the difficulties in getting substitutes for short vacancies, Commissioner of the Panchayat Unions should prepare every year, in consultation with the Director of Indian Medicine, Madras or the District Medical Officer, as the case may be a list of qualified Medical Practitioners who may be willing to be appointed as Rural Medical Practitioners in leave and other vacancies and to make appointments from that list as and when vacancies arise.

(G.O. No. 2017, Public Health, dated 13th May 1940.)

407. Inspection of rural Dispensaries.—(1) District Medical Officer or the Director of Indian Medicine, as the case may be, or anyone deputed by either of them in writing, shall be entitled to enter the dispensary, as and when necessary.

(2) (i) The District Medical Officers shall inspect the Rural dispensaries of Modern Medicine through their subordinate Medical Officers, undertake personal inspection in case of bad reports ; and

(ii) the Inspecting Medical Officers shall inspect rural Regular dispensaries of Indian Medicine and send their reports direct to the Director of Indian Medicine, Madras.

(Government Memorandum No. 27349-I-D 2, Public Health, dated 26th August 1939 and G.O. No. 3745, Health, dated 26th November 1952.)

408. Annual report to Government.—A report should be sent to Government by the Director of Health Services and Family Planning on the basis of the inspection by District Medical Officers or Assistant District Medical Officers about the adequacy of equipment supplied by local bodies to rural dispensaries. The Government may thereupon order the discontinuance of or reduction in the subsidy given in respect of a dispensary, if they are satisfied that a dispensary is not being maintained with adequate equipment and will decline to renew the agreements or enter into new agreements, until the Panchayat Union has rectified the defect.

(G.O. Ms. No. 702, Public Health, dated 25th February 1942 and No. 1344, Public Health, dated 5th May 1942.)

409. Report regarding closure of rural dispensaries.—(i) A report regarding the closure of rural dispensaries should be sent to the Accountant-General and also to the Director of Health Services and Family Planning.

(Surgeons-General's R. No. 13731/B, dated 28th February 1942.)

2. The Indian Medicine Institutions now maintained by the Panchayat Unions, should be continued.

(Government Memorandum No. 48005/H 9/67, dated Public Health Department, dated 5th May 1967.)

Section 3—Rural Medical Practitioners Terms of Employment.

410. Period of employment.—Registered Medical Practitioners desirous of settling up private practice under the Rural Medical Scheme are placed in-charge of rural dispensaries in selected villages on executing an agreement to serve for a period of one year from the date of his arrival in the village with a prospect of engagements for further periods of one year at a time. Commissioner of the Panchayat Unions shall consult the District Medical Officers or the Director of Indian Medicine, as the case may be ,whenever it is proposed to appoint Medical Practitioners (including stipendiaries of Panchayat Unions) to be in-charge of rural dispensaries of Modern Medicine or Indian System of Medicine. They should be required to produce before joining duty for the first time certificates of physical fitness from the District Medical Officer concerned.

(G.O. Ms. No. 3375, Public Health, dated 22nd September 1939 and No. 3745, Public Health, dated 3rd December 1942.)

NOTE.—A candidate selected for appointment as a Rural Medical Practitioner in a short vacancy need not be required to produce a medical certificate before joining duty and it will be sufficient if he is required to produce at the time of executing his agreement for the first time.

(G.O. No. 488. Public Health. dated 26th February 1943.)

There is no age-limit for the appointment of Rural Medical Practitioner to Rural Dispensaries on contract basis provided the individuals are found to physically fit.

Govt., Memo No. 6060/H7/12-4, Health dated 23rd February 1973. communicated in Director of Indian Medical at Arignar Anna Government Hospital for Indian Medicine, Madras 29 letter R. Dis. No. 44/2/73, dated 13th Madras 1973.)

The following order of preference may be adopted in appointing ' B ' and ' C ' class medical practitioners in the Rural Dispensaries of Indian Medicine.

(1) ' B ' Class Medical Practitioners of Indian Medicine who have been trained in teaching institutions recognised by Government.
(2) ' B ' Class practitioners of Indian Medicine who have had village vaidhya training.
(3) ' C ' Class practitioners who had been practising for 10 years and are registered by the Central Branch of Indian Medicine.

(G.O. Ms. No. 243, Health, dated 4th January 1959, communicated in Director of Health Services and Family Planning Reference No. P. No. 47/IM/59, dated 16th February 1959.)

The Rural Medical Practitioners of the rural dispensaries shall be selected by the District Medical Officer concerned and appointed by the Commissioner of Panchayat Union concerned.

(G.O. Ms. No. 2905, dated 29th November 1971 communicated in Director of Health Services and Family Planning, P. No. 369, P. and D. II/71, dated 8th December 1971.)

411. Agreements.—(1) The agreements to be executed by Rural Medical Practitioners shall be in one of the appropriate forms given in Annexure I.

(2) Agreements should be taken for a period of one year at a time as stipulated in the form of agreement from registered practitioners of Modern Medicine and 'A' Class Practitioners of Indian Medicine in subsidized or non-subsidized rural dispensaries of Modern Medicine and Indian Medicine respectively.

(3) As regards 'A' or 'B' class practitioners of Indian Medicine in-charge of rural dispensaries of Modern Medicine temporarily converted into those of Indian Medicine and 'B' Class practitioners of IndianMedicine in-charge of rural dispensaries of Indian Medicne who are appointed only on a temporary basis for a period not exceeding one year at a time and who are liable to be replaced when registered practitioners of Modern Medicine or 'A' Class Practitioners of Indian Medicine, as the case may be, become available, it is not necessary for a Panchayat Union to enter into agreements with them.

(4) Agreements of Rural Medical Practitioners and Maternity Assistants employed in rural dispensaries should be executed for the first time or whenever they come up for renewal on stamp paper of the value of Rs. 1.50 the cost of which should be borne by the Medical Practitioner or the Maternity Assistant, as the case may be, and the Panchayat Union in equal shares. The agreements need not be registered.

(5) Agreements executed by Rural Medical Practitioners should be in duplicate of which the original should be retained by the Panchayat Union and the duplicate given to the Medical Practitioner. In renewing the agreements, only one copy of the agreement shall be prepared and it will be retained by the Panchayat Union.

(6) Lapsed and inoperative agreements of Rural Medical Practitioners shall be retained for a period of three years from the dates on which they expire. Such agreements should however be preserved even after the lapse of three years, if any legal proceedings have been instituted against the Rural Medical Practitioners and are pending or if legal proceedings are contemplated and no final decision has been arrived at on the question whether such proceedings should be instituted or not.

(7) Forms of agreement required by Commissioner of Panchayat Union should be obtained by them from the Director of Stationery and Printing, Madras-1 on payment of cost.

(G.O. Nos. 1319, Public Health, dated 16th June 1933,
No. 1981, Public Health, dated 18th August 1943,
No. 308, Public Health, dated 3rd February 1944,
No. 1075, Public Health, dated 8th April 1946,
No. 1295, Health, dated 11th April 1951 and
No. 1673, Health, dated 14th May 1951.)

412. Duties of Rural Medical Practitioners.—(1) The practitioner should proceed at his own expense to the village and take up his residence there. He should, free of any charge, treat professionally and supply with the necessary medicine from and out of the stock supplied to him by the Union all the 'poor' who may from time to time, apply to him therefor at his dispensary and shall, subject to the provisions for leave of absence contained in paragraph below, be availab - for such purpose between the hours fixed by the Government from time to time provided how ever that the practitioner shall be available for urgent cases on all days and at all hours whether during the day or night. In case the medical practitioner leaves his station during nights to attend to emergent cases, if any, in the neighbouring villages, he shall intimate such absence to the Commissioner of the Panchayat Union on the following morning.

NOTE.—The term 'poor' in this clause shall be intrepreted as referring to persons or members of the families of persons whose monthly income will be within the limit fixed by the Government from time to time.

(2) Subject to the provisions of clause (1) above, the practitioner shall be entitled to charge fees for professional services rendered, and medicines supplied from his own private stock, but in case the medicines are supplied from the stock of medicines of the rural dispensary, the practitioner shall credit the proceeds of sales of such medicines to the funds of the Union.

(3) The practitioner shall display in conspicuous place on the outside of the dispensary a notice in the language of the district to the effect that it is the rural dispensary of the Union. He may also notify on the notice board the fact that persons whose monthly income exceed the limit fixed by Government from time to time are required to pay fees for the treatment they get. He shall maintain at such dispensary the books and registers and shall make the statistical returns set out in the schedule below, such returns to be forwarded through the Commissioner to the District Medical Officers concerned or the Director of Indian Medicine, according as the institution is of Modern Medicine or Indian system of Medicine, at such periods as the District Medical Officer of the Director of Indian Medicine, as the case may be, may direct. Such registers shall

be open at all times to inspection by the District MedicalOfficei or the Director of Indian Medicine, as the ease may be, or the Commissioner or any other person or persons authorised in writing by any of the aforesaid authorities in that behalf. The practitioner shall submit promptly all such information as may be required by any of said authorities in this behlaf. He shall also observe the procedure which may be laid down from time to time by the Government, in regard to the claiming of the subsidy due to him and maternity assistant, if any.

SCHEDULE.

ooks and Registers. (1)	Number in the Standards list of forms in the Health Services and Family Planning Department. (2)
(1) Nature of diseases	....
(2) Stock book (Medicine and surgical instruments)	142 (Group 1)
(3) Nominal Register of out-patients	12 „
(4) Daily Register of diseases	21 (Group 2)
(5) Daily register of classes and sexes	22 „
(6) Observation register	16 „
(7) Visitor's book	36 „

STATISTICAL RETURNS.

Statement A	161 (Group 1)
Statement B	162 „
Statement C	163 „
Statement D	164 „
Statement E	165 „
Statement F	166 „
Statement G	167 „
Statement III-B	168 „

Quarterly statement of the work done in the dispensary.

(4) The practitioner shall, if required either by the Commissioner or the officers of the Public Health Department, attend to inoculation work. He shall be paid by the Union for the services so rendered a renumeration at the existing rates per case of inoculation subject to a minimum per day fixed by Government from time to time and shall also be paid travelling allowances for journeys, if any, without any minimum limit as to the distance travelled, undertaken by him in connection with such work. He shall also attend to duties connected with fairs and festivals, epidemics or other item of work connected with Public Health, if required by the Commissioner or the officers of the Public Health Department and shall also, if required by the Commissioner, attend to miscellaneous items of work such as taking additional charge of a dispensary, taking stock of medicines and equipment in it, and participate in any conference within the district for selection of samples of drugs, etc., He will be paid by the Union a daily allowance admissible to him or travelling allwoance for journeys beyond eight-kilometres undertaken for the duties specified above (other than inoculation work) which ever is higher. The grade of the officer may be decided with reference to the existing rules for the grant of travelling allowance.

(5) The practitioner shall if he has undergone training in Public Health work, attend to that work within a radius of 8 kilometers from his headquarters for which he shall be paid a remuneration of Rs. 15 a month. Other terms and conditions governing the discharge of his duty shall be as laid down in G.O. No. 2639, Public Health, dated 21st July 1938.

If the practitioner is required to do inoculation work beyond the radius of eight kilometres from his headquarters, he may be paid a remuneration and daily allowance or travelling allowance as prescribed in sub-paragraph (4) above, for the distance travelled beyond the eight kilometres radius.

(6) A practitioner attending to Public Health work shall not be required to perform routine vaccination, he shall however, be required to do vaccination when small pox breaks out in any of the villages within a radius of 8 kilometres from his dispensary.

(7) If the practitioner is deputed temporarily for military duty, he shall, during the period of such deputation have a lien on his appointment as medical practitioner in the rural dispensary.

413. Powers of the rural medical practitioners to grant leave to subordinates.—Rural medical practitioners, whose conditions of service are governed by the agreements they enter into with the Panchayat Unions are not officers or servants of Panchayat Unions. Power to grant leave to subordinates in the rural dispensaries cannot therefore be delegated to rural medical practitioners by the Commissioners of the Panchayat Unions. In cases where a subordinate requires casual leave urgently, there is no objection to the medical practitioners permitting the subordinate avail himself/herself of the leave in anticipation of sanction, provided the fact of having done so is recorded, while forwarding the leave application to the Commissioner of Panchayat Union.

(G.O. No. 898, Health, dated 19th March 1951.)

414. Appointment of Rural Medical Practitioners in regular Dispensaries.—The practitioner may, on the recommendation of the Director of Health Services and Family Planning or the Director of Indian Medicine, as the case may be, be appointed as a Medical Officer in a permanent vacancy in a regular dispensary under the control of the Union or as a reserve medical officer if—

(*a*) he possesses the qualifications prescribed for the post of Panchayat Union Medical Officer and his records are satisfactory ; and

(*b*) no other person, eligible under the rules for appointment in that vacancy, is available.

NOTE.—When a rural medical practitioner is appointed to act as Medical Officer in regular Panchayat Union dispensaries, the interval between the date of handing over charge of the rural dispensaries and the date of joining the new appointment of Medical Officer in a Panchayat Union dispensaries will not count as Service.

(Government memorandum No. 31735-I-d, II, Public Health, dated 3rd August 1938 and G.O. No. 2414, Public Health, dated 5th July 1950.)

415. Appointment of women Medical Practitioners in rural Dispensaries.—(1) Articles 16 (1) and (2) of the Constitution of India remove altogether any disqualification on account of sex for purposes of employment under the State and give men and women equal opportunities in the matter. Women Medical Practitioners have, therefore an equal right with Men Medical Practitioners to be appointed as practitioners under the rural Medical Scheme.

(2) When a woman candidate is appointed as a Medical Practitioner of a rural dispensary (subsidised or non-subsidised) she will, whenever necessary, be eligible for maternity leave and the subsidy for the medical practitioner for the period of her leave and subsidy for the medical practitioner appointed as a substitute in her place will be paid from the State funds, if the dispensary is a subsidized one and the subsidies will be paid from the funds of the Panchayat Union concerned, if the rural dispensary is a non-subsidised one.

(3) When a Woman Medical Practitioner is appointed as a rural medical practitioner of (subsidized or non-subsidized) rural dispensary, the Commissioner, Panchayat Union concerned, should adopt the relevant agreement from prescribed in paragraph 411 of this code, with suitable verbal alterations and he should also renumber clause 7 of the clauses in the relevant form of agreement as clause 7 (*a*) and insert the following clause 7 (*b*) deleting the words that are inapplicable in the particular clause :—

7 (*b*) Maternity leave not exceeding two months shall be granted to the woman medical practitioner at any time and a substitute shall be appointed in her place. She will be entitled to subsidy for the period of maternity leave. If she places herself under the observation and treatment of a medical officer not lower in rank than that of an Assistant Surgeon, she may be permitted to combine maternity leave of two months with medical leave for the actual period covered by the medical certificate produced by her. She may be paid subsidy for the period of medical leave also but the subsidy payable will be limited to thirty days of the medical leave granted in continuation of the maternity leave. The subsidies payable to the woman rural medical practitioner proceeding on maternity leave and to her substitute will be met from the funds on the State/Panchayat Union in respect of the subsidized/Non-subsidized rural dispensary.

(G.O. No. 3506, Public Health, dated 13th October 1951.)

416. Training in Leprosy.—In order to encourage rural medical practitioners in charge of institution of modern medicine to undergo training in leprosy, a scheme for the training has been formulated by Government. According to this scheme, the training is given to rural medical Practitioners, who are willing to take it in the Lady Willingdon Leprosy Sanatorium, Tirumani, for a period of two weeks. The District Medical Officers select candidates for training in consultation with the Medical Superintendent of the Sanatorium and the Commissioner of Panchayat Union concerned. Rural medical practitioners from subsidized rural dispensaries are eligible to draw the subsidy for the period of training which is rteated as duty if the Panchayat

Unions concerned agree to relieve them and to meet the pay if the substitutes, if any, appointed in their places. In the case of rural Medical Practitioners from non-subsidised d spensaries, the consent of the Panchayat Union should be obtained to pay subsidy to the rural medical practitioners during the period of training.

(G.O. No. 1243, Public Health, dated 22nd April 1946.)

417. Transfer.—The practitioner shall not ordinarily be liable for transfer from one dispensary to another. In special cases, he is la'ble to be transferred from one dispensary to another by the Commissioner with the approval of the Government.

418. Private Practice.—(1) Rural Medical Practitioners are permitted to visit neighbouring villages to render medical aid and run private clinics in those villages on specified days in a week in the afternoon, without detriment to the work in the rural dispensary subject to the condition laid down in clause (1) of the agreement prescribed for them.

Subject to the provisions of clause (1) of the agreement form, the practitioners shall be entitled to charge fees for professional services rendered and medicines supplied.

(2) There is no objection to a rural medical practitioner going on even to a place where another rural medical practitioner lives, if his professional services are requisitioned there, so long as he observes the terms of the agreement in the matter of keeping his own dispensary open in his village at the stipulated time and does not violate the requirements of medical ethics and does not also stay out of his place for too long a period. He should inform the District Medical Officer and the Commissioner of Panchayat Union, of his absence and should not be habitually absent from his station. It is undesirable for a rural medical practitioner to visit on fixed days in a week the jurisdiction of another rural medical practitioner for purposes of private practice.

(3) A rural medical practitioner should report to the Commissioner, Panchayat Union and the District Medical Officer his temporary absence from the rural dispensary during scheduled working hours of the dispensary for attending on urgent cases (labour and otherwise) so that the District Medical Officer may be in a position to judge and give a warning if such absences are frequent. If the absences are too frequent, the rural medical practitioner would be violating the terms of the agreement in the matter of aid to the poor. If however the absence involved the whole period of the scheduled dispensary hours, it should be treated as leave to which the Rural medical practitioner may be enttiled.

(G.O. Ms. No. 2860, Public Health, dated 29th June 1940,
and No. 2111, Public Health, dated 9th July 1942,
Government Memorandum No. 16231/D 1/42-3, Public Health, dated 8th July 1942
and Surgeon-General's P. No. 137, Health, dated 28th July 1944.)

419. Rate of subsidy.—(1) The subsidy granted in the case of rural medical practitioners is fixed as under—

Class of Medical Officer.	[illegible] subsidy per mensem.	Panchayat Union subsidy per mensem.	Total subsidy per mensem.
(1)	(2)	(3)	(4)
	RS. P.	RS. P.	RS. P.
1. Medical graduates (holders of L.M.S., L.M.P., D.M.S. and G.C.I.M. qualifications).	125.00	62.50	187.50
2. Holders of L.I.M. qualifications and 'A' class and 'B' class practitioners.	100.00	50.00	150.00
3. Maternity Assistants	70.00	35.00	105.00

The above rates will apply to medical practitioners employed in subsidized as well as in non-subsidized rural dispensaries.

(G.O. Ms. No. 1709, Health and Family Planning Department, dated 30th June 1971.)

(2) If in any particular case owing to the remoteness or unhealthiness of the locality or for any other special reason, a qualified man cannot be secured for the subsidy granted by the Government, the Panchayat Unions may themselves sanction an additional subsidy from their own funds. The additional subsidy so paid from their funds should, in no case, exceed 50 per cent of the Government subsidy. In the case of rural dispensaries not subsidized by Government, the amount of subsidy paid by Panchayat Unions should not exceed the total amount which would have become payable both from the State and Panchayat Unions, if the rural dispensaries have been subsidized.

(3) The pension drawn by a retired medical officer, who is employed as a rural medical practitioner will not affect the amount of subsidy payable to him as a rural medical practitioner as the payment of subsidy by Government does not amount to the payment of a salary.

(G.O. No. 2403, Public Health, dated 15th October 1934,
No. 2436, Public Health, dated 7th July 1949 and
No. 4436, Public Health, dated 15th December 1949.)

420. Procedure for Payment of Subsidy Bills.—(1) On the first day of the month following that to which the claim relates, every rural medical practitioner should prepare in triplicate a bill for the subsidy due to him and the maternity assistant. He should appeared to the bill, certificates prescribed in G.O. No. 1932, Public Health, dated 9th September 1932, to the effect that he was on duty and resided in the village during the whole of the month to which the claim relates and treated the poor and that the maternity assistant for whom the additional subsidy is claimed is a qualified and registered maternity assistant and was actually engaged during the period and that her work was satisfactory. If the rural medical practitioner was away from the village on any particular day or days, he should state the fact in certificate (a) and also say whether the period of absence was covered by permission. The original and duplicate copies of the bill should be sent direct to the District Medical Officer or the Director of Indian Medicine, Madras, as the case may be, and the triplicate copy should be sent to the Commissoner of the Panchayat Union. The District Medical Officer or the Director of Indian Medicine, should, after passing the bill, send two copies of the bill to the Treasury Deputy Collector concerned keeping the third copy sent through the Commissioner as his office copy. After payment, the Treasury Deputy Collector should forward to the Director of Health Services and Family Planning or the Director of Indian Medicine, Madras, as the case may be, the duplicate copy of the bill with a certificate of payment.

(2) The subsidies in respect of rural dispensaries (i.e., for both rural medical practitioners and maternity assistants) should be drawn every month, failing which each instalment should be drawn within six months after it fell due, e.g., the instalment for April should be drawn within the 15th of the month of May and the last date on which it can be drawn will be the 15th October following—

Subsidy bills and acquittance rolls of medical practitioners and maternity assistants employed in subsidized rural dispensaries shall be preserved for a period of six years as in the case of pay bills.

(G.Os. No. 1932, Public Health, dated 9th September 1932,
No. 689, Public Health, dated 13th March 1934,
No. 5559, Public Health, dated 26th November 1940 and
No. 2267, Public Health, dated 29th May 1941.)

The state subsidy should be initially paid by the Panchayat Union along with the additional subsidy payable from the union funds. The District Medical Officers may endorse the state Subsidy Bill presentable in favour of the Panchayat Union Commissioner who can encash the bill and credit it to the Panchayat Union Funds.

[G.O. Ms. No. 2037, Health, dated 28th March 1970 communicated in Director of Health Services and Family Planning, P. No. 185/P and DII(1)/70, dated 13th October 1970.]

421. Travelling Allowance.—The Director of Health Services and Family Planning and the Director of Indian Medicine for the time being are empowered to sanction the incurring of extraordinary expenditure by Panchayat Unions on account of the payment of the travelling allowances to medical practitioner employed in rural dispensaries of modern medicine and Indian Medicine respectively, up to a maximum of Rs. 50 in each case for journeys performed by them for attending to miscellaneous items of work such as taking additional charge of neighbouring dispensary, taking stock of medicine and equipment in it and attending any conference within the district for selecting sample drugs.

(G.O. No. 1227, Public Health, dated 7th June 1943.)

422. House rent allowance.—House rent allowance can be paid to rural medical Practitioners provided that such allowance is treated as additional subsidy. The additional subsidy so paid should not exceed the limit fixed in paragraph 419 above.

(G.O. No. 1515, L.S.G., dated 28th June 1935.)

423. Leave.—The rural medical practitioner may for sufficient reasons with the previous sanction of the Commissioner avail himself of casual leave including public holidays for ten days at a time for 15 days in all in a calendar year ; and casual leave remaining to the credit of the practitioner at the end of the calendar year will lapse on the expiry of that year.

(ii) The practitioner shall not avail himself of casual leave for more than the maximum period he is eligible for a time but if for any reasons he does, the entire period of the leave shall be treated as leave to which he is eligible under sub-clause (i) or sub-clause (v) and if he is not eligible for any such leave as on loss of subsidy.

(iii) When for many special reason the Practitioner finds it necessary to leave the village he may do so in anticipation of the Commissioner's approval but shall before leaving intimate to the Commissioner in writing the fact of his departure from village and shall also state the reasons for such departure. Whenever he leaves the village otherwise than for attending to emergent cases in the night he shall send a report to the Commissioner and District Medical Officer or the Director of Indian Medicine as the case may be as soon as he returns to duty.

(iv) With the previous sanction of the Commissioner the Parctitioner may for sufficient reasons also avail himself of earned leave equivalent to 1/11th of the period spent on duty. The earned leave which is not availed of within a calendar year may be allowed to accumulate up to a maximum of 90 days provided that all such leave which is not availed of prior to the date of termination of the agreement will automatically lapse on that date.

(v) The Practitioner shall not avail himself of earned leave for more than the maximum period he is eligible or ; when a practitioner is granted earned leave for a period exceeding 30 days the Commissioner may appoint a substitute in his place. The Commissioner may for special reasons grant leave to the practitioner in excess of the earned leave and not exceeding six months provided th t the Commissioner obtains a substitute, or the practitioner arranges for a medical practitioner during his absence. The substitute so appointed shall, in either case be a medical practitioner trained in the same system of the medicine as the practitioner and shall receive a portion of the said subsidy proportion to the period during which he is in-charge of the dispensary. The substitute also shall be eligible to the leave concession admissible to the practitioner in whose place he is appointed. In the event of the practitioner being absent from duty for more than six months the Commissioner may under the provisions hereinafter contained terminate the agreement.

(vi) The practitioner shall not be entitled to avail himself of casual leave in combination with any other leave (i.e.) leave admissible under sub-clause (iv) or sub-clause (v) of leave on loss of subsidy.

424. **Advances for the purchases of bicycles for the use of rural medical practitioners employed in subsidized rural dispensaries.**—(1) An advance not exceeding Rs. 160 or 80 per cent of the estimated cost of bicycle whichever is less may be granted to a rural medical Practitioner in-charge of a subsidizes rural dispensary towards the purchase of a bicycle subject to the following conditions:—

(i) 'B' Class practitioners of Indian System of Medicine working temporarily as rural medical practitioners shall not be eligible for the advance.

(ii) The advance will be recovered in ten monthly instalments from the subsidies payable to them every month, with interest at such rate as may be fixed by the Government from time to time. The treasury officers concerned will be held responsible for effecting such recoveries regularly from the subsidies payable to the rural medical practtioners till advances together with the interest are cleared.

(iii) The bicycle purchased should be mortgaged to Government as security for the advance until it is completely repaid. The form of mortgage bond shall be on the lines of Form 14 of the Tamil Nadu Financial Code, Volume I, suitably modified, omitting the provision for insurance therein.

(2) *Applications for advances should be sent to Government through the Director of Health Services andFamily Planning in the case of rural medical practitioners working in rural dispensary of modern medicine and through the Director of Indian Medicine for the time being in the case of those working in dispensaries of Indian Medicine. The Director of Health Services and Family Planning or the Indian Medicine should forward the applications to Governmen through the Accountant-General, Madras.

(G.O. No. 1271, Health, dated 11th April 1950 and Government Memorandum No. 16762-1/50-3, Health, dated 27th July 1950.)

(3) The following instructions should be observed in regard to the payment and recovery of the cycle advances sanctioned to the medical practitioners of subsidized rural dispensaries:—

(i) The advances should not be paid except on an authorisation issued from the Accountant General's Office, from time to time, with reference to the orders of Government sanctoning such advances.

(ii) The recoveries of the advances should be effected regularly each month in terms of the provisions of the Government Orders from the subsidies payable to the rural medical practitioners at the time of the payment of subsidies from the treasuries concerned.

(iii) The debits for the advances and credits for recoveries should be accounted for under the head 'Loans and Advances by the State Government Advances for the purchase of other conveyances Other Officers' in SA. 27-A (Provincial) duly supported by vouchers and details in the appendices.

(iv) The detailed (Personal) accounts for the payments and recoveries in respect of the advances will be maintained at the treasuries concerned, till the advances are fully recovered with interests thereon.

(v) To ensure prompt recovery of cycle advances granted to the rural medical practitioners the monthly subsidy bills of the rural medical practitioners should be accompanied by a certificate iu the following alternative form given by the countersigning officers.

CERTIFICATE.

(*a*) 'Certified that in respect of the rural medical practitioner who is in receipt of cycle advance, recoveries are being made monthly and that an amount of Rs. ( ) has till now been recovered from him out of the total amount of Rs. ( ) due to be recovered from him'.

(*b*) Certified that in respect of the rural medical practitioner for whom claim is preferred in this bill no cycle advance is outstanding against him.

(Director of Health Services and Family Planning Circular P. No. 365-A 1-51, dated 24th December 1951.)

425. Attendance on inmates of jails.—Attendance on inmates of jails is not part of the duties of a rural medical practitioner. There is no objection however to a rural medical practitioner being summoned, to attend on sick prisoners in sub-jails in emergencies. When so summoned he should be treated as a private medical practitioner and be granted a consolidated remuneration of Rs. 5 per day as provided for in G.O. No. 1335, Public Health, dated 1st April 1940.

(G.O. No. 2171, P.H., dated 23rd May 1941.)

426. Wound certificate and attendance in courts.—(1) Rural medical practitioners are permitted to render 'First aid', grant wound certificates when asked for by the patients and give evidence if they are summoned by courts. The period of absence of rural medical practitioners on court duty should be treated as duty and subsidy allowed subject to the condition that such period is limited to the time actualy required for the journeys and the attendance at the courts.

(G.O. No. 1211, P.H., dated 4th May 1934.)

NOTE.—The above concessions are also applicable to 'A' class practitioners of Indian System of Medicine who are in-charge Rural dispensaries.

(G.O. No. 381, P.H., dated 31st January 1938.)

(2) In places where there is no Government, Local body or Municipal Medical Officer, the Police may arrange with one of the local private medical practitioners registred under the Tamil Nadu Medical Registration Act (including rural medical practitioners) to grant a certificate of wounds and to treat injuries. The services of rural medical practitioners may also be utilised even if there is a Government, Local body or Municipal Medical Officer and he is not present in the station on that day or for any other cause unable to attend to the case. A standard fee of Rs. 10 will be paid to the rural medical practitioner for services rendered in each case.

NOTE.—The standard fee referred to above should not be subject to any conditions, but if in any case a rural medical practitioner is adversory criticized by a Magistrate, suitable action should be taken against that practitioner.

(G.Os. No. 1211, P.H., dated 4th May 1934, No. 6167, Home, dated 19th December 1941 and No. 822, Home, dated 16th March 1949.)

427. Grant of Certificates of Drunkness under the Tamil Nadu Prohibition Act.—Rural Medical Practitioners may issue certificates of drunkenness under the Tamil Nadu Prohibition Act., after examining persons for drunenknness on requisition by the Police Department. They shall be paid a fee of Rs. 4 for each certificate issued. The District Superintendent of Police in each district is authorised to sanction these payments. The standard fee of Rs. 4 in respect of drunkenness certificates is applicable to both Police and Excise Prohibition districts. .

(G.Os. No. 4822, Home, dated 16th March 1946, No. 3894, Home, dated 27th September 1949, and No. 232, Revenue, dated 3rd September 1949.)

428. Disciplinary Action.—(1) In the event of an alleged breach by a rural practitioner of any of the provision of the agreement on his part or of any alleged unsatisfactory work or gross misconduct on his part, the Commissioner shall first obtain the views of the District Medical Officer or the Director of Indian Medicine as the case may be, and then frame definite charges in writing and obtain the explanation of the practitioner in writing. The practitioner shall be required to state whether he desires to be heard in persons. If he desires or if the Commissioner so directs, an oral enquiry shall be held. At that enquiry, oral evidence shall be heard as to such of the allegation as are not admitted, and the Medical Practitioner charged shall be entitled to cross-examine the witness or give evidence in persons, and to have such witness called as he may wish, provided that the person conducting the enquiry may, for special and sufficent reasons to be recorded in writing, refuse to call a witness. If the practitioner concerned has absconded or where it is for other reasons impracticable to communicate with him or if there is a difficulty in observing exactly the requirements of this clause, all or any of the provisions thereof, may, in exceptional case for special and sufficient reasons to be recorded in writing, be waived by the Commissioner. The proceedings shall contain a sufficient record of the evidence. The Commissioner shall then consult the District Medical Officer or the Director of Indian Medicine, as the case may be, who will give his definite findings on each charge and the grounds therefor. The Commissioner of the Panchayat Union shall thereupon place the matter before the Panchayat Union with the viwes of the District Medical Officer or the Director of Indian Medicine, as the case may be, and communicate the decision of the PanchayatUnionto the District Medical Officer or the Director of Indian Medicine, as the case may be. If the decision of the Union is accepted by the District Medical Officer or the Director of Indian Medicine, as the case may be, the Commissioner shall issue orders accordingly. If the decision of the Union is not accepted by the District Medical Officer or the Director of Indian Medicine, as the case may be, the matter shall be referred to the Government, whose decision shall be final and binding on all parties and the Commissioner shall issue orders in accordance with the decision of the Government. An appeal shall lie to the Government at the instance of the practitioner in all matters in which a reference to the Government has not already been made and the decision of the Government thereon shall be final. The Union shall not terminate the services of the practitioner before his appeal to the Government, is disposed of by them, provided that the practitioner appealed to the Government within two months, from the date of receipt of the Commissioner's order.

(2) On the termination of his agreement, the practitioner shall hand over the drugs, outfit, for the maternity assistance and other equipment,if any,belonging tothe dispensary to his successor or to any other persons authorised by the Commissioner to relieve him.

(3) A practitioner shall not in any circumstances be entitled to claim from the Government or the Union any subsidy, remuneration, supply of equipment or any sum by way of damages in respect of any period between the date on which he was relieved of his duties by reason of the termination of his servies by the Union and the date on which he was restored to his post under the orders of the Government or of a Civil Court or otherwise, even though the termination of his services was found to be regular or not in accordance with any of the provisions of his agreement.

(4) A practitioner shall not stand for election or appointment as a member of any Panchayat Union or Municipal Council. He shall not by canvassing or otherwise, intervene or use his influence, in any way, in an election to a legislative body constituted under the Constitution of India, or any Panchayat Union or Municipal Council except that he may record a vote if he is qualified to do so. In that case, he should, as far as possible, avoid giving any indication before-hand of the manner in which he intends to vote.

(5) Notwithstanding anything contained in the above paragraphs, it shall be open to the Government to order the discontinuance of or reduction in the subsidy, if they are satisfied that the dispensary is not being equipped adequately. In such a case, the agreement of the practitioner shall be deemed to have been terminated on the date on which the Government order is communicated to the practitioner.

429. Termination of agreement.—The agreement executed by a Rural Medical Practitioner shall be subject to termination by either the Union or the practitioner giving to either of them three calendar months' notice in writing to that effect :

Provided, however, that the Union shall be entitled to terminate the agreement under this rule only in the event of its being unable to maintain the dispensary on account of financial stringency. The Panchayat Union shall also be entitled to terminate the agreement at any time and without notice to the practitioner in the event of any breach by the practitioner of any provisions of the agreement executed by him or in the event of his work being unsatisfactory or

of his being guilty of gross misconduct or in the event of the practitioner's name being removed from the medical register maintained under section11ofthe Tamil Nadu Medical Registration Act, 1914 (Tamil Nadu Act IV of 1914), if he is a practitioner of modern medicine or from the Register of Practitioners of Indian Medicine maintained under G.O. No. 231, Public Health, dated the 1st February 1933, if he is a practitioner of Indian Medicine or in the event of the practitioner being absent from duty for more than six months.

Section 4—Maternity Assistants, Pharmacists and Dispensary Servants.

PART—A MATERNITY ASSISTANTS.

430. **Appointment, Qualification, etc.**—Maternity Assistants possessing the qualifications prescribed for admission to the service of State Government as a Maternity Assistant are appointed in rural dispensaries for affording maternity relief in villages, on executing an agreement in the form given in Annexure II. They should be required to produce before joining duty for the first time certificates of physical fitness from any Medical Officer employed in a Government or Panchayat Union Institution.

NOTE.—A candidate selected for appointment in a short vacancy need not be required to produce the certificate before joining duty and it will be sufficient if he/she is required to produce at the time of executing his/her agreement for the first time.

(G.Os. No. 942, Public Health, dated 6th April 1929,
No. 2744, Public Health, dated 21st October 1935,
No. 3745, Public Health, dated 3rd December 1942, and
No. 493, Public Health, dated 26th February 1943.)

431. **Employment of Maternity Assistants.**—Proposals for the employment of trained maternity assistants should be submitted to Government in consultation with the District Medical Officers or the Director of IndianMedicine, as the case may be, in subsidized and non-subsidized rural dispensaries of modern as well as Indian System of Medicine, provided that the service of Maternity Assistants are found indispensable for those dispensaries and the Panchayat Unions are prepared to meet their costs from their own funds.

(G.Os. No. 2361, Public Health, dated 11th September 1935,
No. 3342. Public Health, dated 23rd December 1935 and
No. 2622, Public Health, dated 24th August 1942.)

432. **Selection of candidates for appointment as Maternity Assistants.**—In the matter of selection for appointment to the posts of maternity assistants in rural dispensaries, the following order of priority should be observed :—

(1) Stipendiary candidates of Panchayat Unions.

(2) Maternity Assistants who have acted in short vacancies previously and who have done good work ; and

(3) the best of the remaining applicants.

(Surgeon-General's P. No. 40, Health, dated 11th February 1944.)

433. **Appointment and punishment of maternity assistants.**—The Commissioners of the Panchayat Unions are empowered to exercise the powers of appointment, punishment, etc., of the maternity assistants employed in subsidised rural dispensaries of both the modern and Indian Medicine in consultation with the District Medical Officers concerned. Similar powers may be exercised by the Executive Authorities of Panchayat Boards in consultation with the District Medical Officers concerned in respect of maternity assistants employed in subsidised rural dispensaries maintained by Panchayat Unions, as in the case of other staff employed under Panchayats. But in either case, the Director of Health Services and Family Planning will be appellate authority in matters relating to appointment and punishment of maternity assistants.

(G.Os. No. 1735, Health, dated 18th May 1951, and
No. 4255, Health, dated 14th December 1951.)

434. **Authority empowered to grant leave.**—Commissioners of the Panchayat Unions are empowered to grant leave to the maternity assistants in subsidised rural dispensaries (both Modern and Indian System of Medicine) under their respective control.

(G.O. No. 4257, Health, dated 14th December 1951.)

435. **Maternity Assistants.**—The rates of subsidy granted to the maternity assistants in Rural dispensaries are as follows :—

Government subsidy per mensem.	Panchayat Union subsidy per mensem.	Total subsidy.
Rs. 70	Rs. 35	Rs. 105

NOTE.—The above rates apply to maternity assistants employed in subsidised as well as in non-subsidised rural dispensaries.

(G.O. Ms. No. 1709, Health and Family Planning Department, dated 30th June 1971.)

(2) Subsidies will be paid to maternity assistants on the certificates of rural medical practitioners to the effect that they have done their work in a satisfactory manner. The bills of Maternity Assistants for attendance on cases will also be countersigned by the rural medical practitioners. These certificates may be issued by the neighbouring rural medical practitioners and the medical officers of Government and local body medical institutions during the temporary absence of the medical practitioners of the place.

(G.Os. No. 174, Public Health, dated 25th January 1932, and No. 1704, Public Health, dated 2nd August 1933.)

436. Supply of medicines, midwifery outfit, etc.—The Panchayat Unions should supply the maternity assistants in rural dispensaries with midwifery outfit containing the articles mentioned below and the rural medical practitioners should supply all or any drugs and/or medicines that may, from time to time, be required by the maternity assistants from the stock of drugs and medicines at their disposal :—

LIST OF ARTICLES CONTAINED IN A MIDWIFERY OUTFIT.

Portable tin box with a sterilizer and the following articles :—

1. Thermometer.
2. Two test tubes.
3. One ounce-glass.
4. Vaginal nozzle (glass).
5. A good nail brush.
6. Scissors (Blunt pointed).
7. Twisted thread for typing cord (in a bottle)
8. Spirit lamp (metal with screw top).
9. Metal catheter (male).
10. One tea-spoon.
11. Enema can (enamel).
12. Enema nozzle.
13. Small bed-pan (to be carried outside the box).
14. Two calico covers for bed pan.
15. Two enamel (9 inches diameter) bowels.
16. Soap tray and soap.
17. Kidney tray.
18. Mackintosh sheeting (one yard square).
19. Mackintosh apron for maternity assistant's use.
20. Cotton wool in muslin bag.
21. Cotton swab in muslin bag.
22. Accounchment pads in calico bag six to be taken at a time for each case boiled tow tied up in gauze).
23. Gauze in muslin bag.
24. Six towels (One to be clean in box for use always for each maternity assistant).
25. Bottle for extract ergot liq.
26. Bottle for lysol (poison label).
27. Bottle for tincture iodine (poison label).
28. Bottle for zinc and boric powder (equal parts of zinc oxcide and boric acid).
29. Bottle for acetic acid (poison label).
30. Bottle for methylated spirit (poison label).
31. Dark drop bottle for silver nitrate solution per cent poison label.

NOTE.—All bottles should have painted labels.

32. Midwifery box.
33. One calico bag stitched into compartments for carrying nozzle, catheter, scissors, etc.

NOTE.—A small stove with stand for placing bowels.

REGARDING STERILIZER —

34. Twelve large safety pins.

35. One skin of white tape, 3/4th inch broad.

36. Dressing forceps.

37. Two artery forceps (Spencers Wells).

38. A metal foetal stethoscope.

437. **Duties of maternity assistants in rural dispensaries.**—A maternity assistant in a rural dispensary shall —

(*a*) attend at the rural dispensary in the village between the hours fixed by the Government from time to time to assist the rural medical practitioner in the examination and treatment of patients attending the rural dispensary in the village, provided, however, that the maternity assistant shall not be employed in dressing surgical cases.

(*b*) at other times go round the village and around such village within a radius of eight kilometres therefrom (which shall hereinafter be referred to as the 'said territory') Visiting expectant mothers and advising them on antenatal care and generally do propaganda work regarding the benefits in maternity cases of proper and early treatment by modern medicines and on the allopathic system of treatment.

(*c*) make a record of his/her visits and the results thereof shall be entered in a register maintained by him/her for the purpose and produce the same for inspection of the rural medical practitioner and/or the Inspecting Officer whenever required to do so.

(*d*) at all times work under the direction and immediate control of the rural medical practitioner subject only to the administrative control of the Commissioner and generally conduct on all days and at all hours whether during night or day, all urgent cases of labour, provided, however, that in cases where the maternity assistant has to attend urgent cases of labour during the hours fixed for his/her attendance at the rural dispensary or where he/she has to leave the village for the purpose of attending to labour cases in the said territory, they shall inform the rural medical Practitioner as early as possible of his/her movement in regard thereto.

(*e*) attend to at least such number of labour cases every month as may from time to time fixed by the Commissioner. If the number of labour cases attended to by him/her falls below the number fixed by the Commissioner the subsidy may be reduced in proportion to the number of cases falling below the minimum fixed, provided, however, that no reduction of subsidy need be made if the number of labour cases arising in the said territory during the month falls short at the prescribed minimum or for an occasional shortage in the number of cases attended to by the maternity assistant.

(*f*) undergo a refresher course attending over a period of at least two months in the maternity assistant ward attached to a hospital approved as a training centre by the Tamil Nadu Nurses and Midwifes, Council whenever directed by the Panchayat Union, provided, however, that notwithstanding anything contained above he/she shall be allowed to draw the usual subsidy every month from the Panchayat Union during the period he/she is undergoing the couse ;

(*g*) submit through the rural medical practitioner on or before the 10th day of every month to the Panchayat Union a statement in the form prescribed by the Director of Health Services and Family Planning regarding the number of labour cases conducted by him/her during the preceding month with explanation where necessary for the number of labour cases being short of the prescribed minimum.

(*h*) not claim any extra remuneration for labour cases conducted by him/her in excess of the prescribed minimum.

(*i*) not demand or receive for services rendered any remuneration from persons or members of families of persons in the said territory whose monthly income does not exceed the limit fixed by Government from time to time provided, however, that he/she may claim fees for attending labour cases on persons other than those referred to above and

(*j*) not leave the said territory without the previous sanction in writing of the Panchayat Union, provided, however, where this is not possible he/she may leave the said territory with the permission of rural medical practitioner through whom he/she shall send a report in writing to the Panchayat Union of such departure and the reasons for the same.

438. Concessions of leave, etc.—The Maternity Assistant shall be entitled to—

(1) a payment of Re. 1 from the Panchayat Union for every non-paying labour cases attended to by him/her within the said territory but at a place situated at a distance of more than 1.6 kilo metres from the said village.

(2) leave of absence with payment of the full subsidy for a period of thirty days in the aggregate in a year including public holidays, calculated at 12 days casual leave and 18 days ordinary leave to be earned at 1 1/2 days for each month of duty. He/she can combine earned leave with casual leave, if eligible, up to maximum period of 15 days at a time including public holidays. Women maternity assistants may also combine earned leave and casual leave up to a maximum period of 15 days including public holidays, with maternity leave with subsidy admissible under sub-clause (4) below.

(3) leave of absence without subsidy for such period as the Commissioner, Panchayat Union may in his discretion decide subject to the terms of G.O. Ms. No. 428, Public Health, dated 1st February 1941.

(4) maternity leave not exceeding a period of two months at any time in the case of women maternity assistants. During such period of leave a substitute will be appointed from the funds of the Panchayat Union and if the panchayat Union does not agree, from the revenues of the State. The maternity assistant will be entitiled to subsidy for the period of leave if the Panchayat Union agrees to bear the cost of employment of the substitute or if no substitute becomes available for appointment. If a substitute on subsidy from the revenues of the State is appointed, she will be entitled to subsidy for such period of leave during which no substitute is appointed. If she places herself under observation and treatment by a Rural Medical Practitioner and produces a medical certificate issued by him, she may be permitted to combine maternity leave for two months with leave on medical certificate for the actual period covered by the Certificate.

439. Maternity assistants in rural dispensaries.—Appointment in Panchayat Union Medical Institutions—Maternity Assistants in subsidized rural dispensaries should be appointed in regular Panchayat Union Medical Institutions only in permanent vacancies in the case of Rural Medical Practitioners. The age-limit for appointment in a regular medical institution shall be 45 years. When there is a likelihood of a vacancy in a regular Panchayat Union medical institution, the Commissioner, Panchayat Union concerned should consult the District Medical Officer in good time in regard to the appointment of a substitute. The Commissioner may appoint an outsider temporarily in that vacancy under the emergency powers vested in him, if a suitable Maternity Assistant employed in a Rural Dispensary is not available.

In order however to fill up vacancies which are not permanent, Panchayat Unions should maintain a reserve staff of maternity assistants selected from those employed in rural dispensaries. If no such reserve staff is maintained and no suitable stipendiaries are available for appointment in temporary vacancies outsiders may be appointed but their appointments may be only temporary and their service will not count for probation nor will it give the many claim to a permanent vacancy.

(G.Os. No. 2549, Public Health, dated 14th July 1938,
No. 1474, Public Health, dated 9th April 1950,
No. 661, Public Health, dated 13th February 1941 and
No. 2821, Public Health, dated 13th August 1951.)

440. Preference for appointment in maternity and child welfare centres.—Maternity assistants employed in rural dispensaries shall be given preference in the matter of selection for appointmen to the posts of maternity assistants in maternity and child welfare centres—

(Government Memorandum No. 15986/51-3-3E1, dated 20th August 1951.)

441. Lien on appointment.—(1) In the event of the maternity assistant being absent from duty for a period of more than three months, the Commissioner may give him/her a lien on his/her appointment for a period of six months from a date to be fixed by him, if he is satisfied that such absence is due to illness or to the maternity assistant undergoing refresher course.

(2) The maternity assistant shall also have a lien on his/her appointment as maternity assistant in the rural dispensary, during the period of his/her deputation for military duty in the Auxiliary Nursing Service.

442. Transfer of Maternity assistants from one village to another.—A maternity assistant shall not be liable to be transferred from one village to another, provided howevet that in special cases he/she may be transferred by the Commissioner after having obtained the orders of the Diretor Health Services and Family Planning.

443. Censure of maternity assistants.—The Commissioner shall have power to censure and mpose a fine not exceeding Rs. 5 for any minor fault committed by the maternity assistant.

(G.Os. No. 4287, Public Health, dated 14th September 1940 and No. 1735, Health, dated 18th May 1951.)

444. Maternity Assistants employed in rural dispensaries without Doctors—District Medical Officers empowered to depute Government Medical Officers to exercise supervision.—District Medical Officers are empowered to depute once a quarter of a year a Government officer of the rank of Assistant Surgeon employed in the nearest Government or local body medical institution to pay surprise visits, check the registers and work of the maternity assistants employed in subsidized and non-subsidized rural dispensaries, which remain closed for want of medical practitioners and send inspection reports. The travelling allowances of inspecting officers will be met from State funds.

(G.Os. No. 3381, Public Health, dated 31st October 1942 and No. 543, Public Health, dated 3rd March 1943.)

445. Disciplinary action against maternity assistants procedure.—In the event of unsatisfactory work or gross misconduct on the part of the maternity assistant the........................ Commissioner shall in the first instance frame definite charges in writing and after giving a reasonable opportunity to the maternity assistant to answer the same, give his finding on each such charge and pass further orders if any. Against any orders passed by the Commissioner after such enquiry, the maternity assistant shall be entitled to appeal to the Director of Health Services and Family Planning and the decision of the Director of Health Services and Family Planning shall be final in the matter.

446. Caution money deposit.—(1) The maternity assistant shall either deposit in cash at the time of his/her appointment an amount equal to one month's subsidy or have his/her subsidy for the first month or so much there of as may be necessary, adjusted towards the said amount.

(2) The amount aforesaid or such portion thereof, as the Commissioner may think fit, shall be withheld if the maternity assistant terminates the agreement before the expiry of the term thereof without giving due notice to the Commissioner.

447. Termination of agreement.—(1) The agreement executed by a Maternity Assistant may at any time, be terminated by the Commissioner or the Maternsity Assistnat by giving to the other three calendar months' notice in writing. Such termination by Panchayat Union shall however be only in consultation with the Medical Officer :

Provided however that the Commissioner of a Panchayat Union shall be entitled, but only in consultation with the District Medical Officer, to terminate the agreement at any time and without notice to the maternity assistant in the event of a breach on non-observance by the maternity assistant of the covenants and conditions of the agreement and on his/her part to be performed or observed or in the event of the maternity assistant being guilty of gross misconduct which in the opinion of theCommissioner is sufficient to warrent the termination of his/her services under the agreement or in the event of the maternity assistnnt's name being removed from the register of maternity assistants maintained under section 12 of the Tamil Nadu Nurses' and Midwives' Act, 1926, or in the event of the maternity assistant being absent from duty for a continuous period of more than six months.

(2) Whereupon the termination of the agreement whether on the expiry of the term there of or earlier, any loss is sustained by the Panchayat Union on account of the failure of the maternity assistant to hand over in good order, to duly to account for the drugs, midwifery outfit and other equipment if any, belonging to the rural dispensary, the amount of compensation to be paid to the Panchayat Union shall be determinated by the Commissioner and such amount shall be withheld from the amount deposited by the maternity assistant as caution mony deposit.

(3) The balance of the amount if any deposited by the maternity assistant shall be refunded at the time of the termination of his/her agreement. Notwithstanding anything contained in the preceding paragraphs, it shall be open to the Government of Tamil Nadu to order the discontinuance of or reduction in, the subsidy if they are satisfied that the rural dispensary is not being equipped adequately. In such case, the agreement of the maternity assistant shall be deemed to have been terminated.

448. Applicability of Sections 34 and 35 of the Tamil Nadu Prohibition Act to Maternity Assistants employed in rural dispensaries.—Sections 34 and 35 of the Tamil Nadu Prohibition Act, 1937, lay down (i) that searches under the provisions of the Tamil Nadu Prohibition Act shall be made in accordance with the provisions of the Code of the Criminal Procedure and (ii) that officials of all departments of the State Government and of local bodies shall be legally bound to assist

any Prohibition or Police Officers in carrying out the provisions of the Act while section 52 of the Criminal Procedure Code directs that wherever it is necessary to cause a woman to be searched, the searches shall be made by another woman with strict regard to decency. Rural Medical Practitioners and maternity assistants employed in rural dispensaries are not bound to comply with the provisions referred to above, as they are neither servants of Government nor of local bodies and as such compliance is also not provided for in the agreement executed by them.

(G.O. No. 892, Public Health, dated 29th March 1947.)

PART B.—PHARMACISTS.

449. General.—The Rural Medical Scheme does not contemplate the employment of Pharmacists or other staff in such institutions. In special cases, pharmacists may be employed in rural dispensaries only after consulting the District Medical Officers concerned or the Director of Indian Medicine, Madras as the case may be, if such an appointment is absolutely necessary.

(G.O. No. 2403, Public Health, dated 15th October 1934.)

450. Qualifications for appointment.—(*a*) No person shall be appointed as a Pharmacist in a rural dispensary unless such persons possess the qualifications laid down for the time being for selection for admission to the service of the State Government as a Pharmacist.

(G.O. No. 2744, Public Health, dated 21st October 1935.)

(*b*) No person shall be eligible for appointment as a pharmacist, in a rural dispensary of Indian Medicine unless he—

(1) holds a diploma of a qualified pharmacist in Indian Medicine issued by the Government Borad of Examiners in Indian Medicine ; and

(2) is able to read and write English up to the Standard of III Form of a recognised school.

(G.O. No. 3541, Public Health, dated 7th October 1938.)

451. Pay and allowances of pharmacists employed in rural dispensaries.—(1) The pay of a a pharmacists employed in a rural dispensary shall be such as may be fixed by the Panchayat Union concerned in each case, but it shall in no case exceed Rs. 30 per mensem.

(2) Pharmacists and dispensary servants employed in rural dispensaries whether subsidized or non-subsidized shall be treated as whole-time servants of the Panchayat Union concerned and they shall be paid dearness allownace from the funds of the Panchayat Union concerned.

(G.O. No. 485, Health, dated 10th February 1951 and
No. 740, Health, dated 5th March 1951.)

452. Leave.—Pharmacists in rural dispensaries are eligible for leave of absence for 30 days in the aggregate in a year including public holidays as in the case of Rural Medical Practitioners.

(G.O. No. 3989, Public Health, dated 5th November 1938.)

453. Appointment on regular Panchayat Union Medical Institution.—(1) The claims of pharmacists employed in rural dispensaries for appointment in regular Panchayat Union Medical institutions should be considered in preference to those of new candidates when permanent vacancies arise the age-limit for appointment to regular Panchayat Union Medical Institution shall be 45 years.

(2) In order to fill vacancies which or not permanent, the panchayat union should maintain a reserve staff of pharmacists selected from those employed in rural dispensaries. If no such reserve staff is maintained no suitable stipendiaries are available for appointment in temporary vacancies, out-siders may be appointed temporarily. Such appointment will not be regarded as regular appointment and service put in by candidate will not count for probation nor will it give him any claim to a permanent vacancy.

(G.Os. No. 5149, dated 1st November 1940 and
No. 2821, Health, dated 13th August 1951.)

PART C.—DISPENSARY SERVANTS.

454. Employment of Dispensary Servants.—With the previous sanction of the Director of Rural Development, Commissioners of Panchayat Unions are empowered to employ a dispensary servant in every rural dispensary where the daily average attendance during the last two years has been over 50 where there is a maternity assistant and 35 in dispensaries where there is no maternity assistant. The entire expenditure on account of the employment of dispensary servants should in all cases be borne by the Panchayat Union concerned whether the dispensary is a subsidized or non-subsidized one.

(G.Os. No. 3510, Public Health, dated 4th October 1938,
No. 2249, Public Health, dated 28th June 1947 and
No. 3560, Health, dated 13th October 1950.)

455. Subsidized rural dispensaries—Continuance of dispensary servants during the period of leave of Rural Medical Practitioners.—Dispensary servants attached to subsidized rural dispensaries should be continued in service during periods of absence of the Rural Medical Practitioners on short leave as ordinary dressings of patients, etc., will have to be attended to by the dispensary servants. It is not however necessary for the Rural Medical Practitioners to hand over charge of the dispensaries before they proceed on leave, but it would be sufficient if the dispensary servants are given some dressings, etc., with instructions as to their use.

(G.O. No. 339, Health, dated 30th January 1953 and
Government Memorandum No. 17290/I-2/52-2, Health, dated 22nd April 1953.)

ANNEXURE I.

PART I.

FORM OF AGREEMENT TO BE EXECUTED BY MEDICAL PRACTITIONERS IN CHARGE OF RURAL SUBSIDIZED DISPENSARIES WHEN ENTERTAINED FOR THE FIRST TIME.

This Indenture made the..............................day of...................... ....19..............between His Excellency the Governor of Tamil Nadu (which expression shall, where the context so admits, include his successors in office and assigns) of the first part and the Panchayat Union (here after referred to as the Panchayat Union which expression shall, where the context so admits include its successors and assigns) of the second part and
son of (hereinafter referred to as the practitioner) of the third part :

Whereas the Panchayat Union with a view to bringing medical relief within the easy reach of the rural population has requested the practitioner to reside in the village of and there to practice as a medical practitioner which the practitioner has agreed to do upon the terms and conditions hereinafter contained ;

Now it is hereby agreed and declared by and between the parties hereto as follows :—

(1) In consideration of the payment by the Government of Tamil Nadu (hereinafter referred to as the Government) and the supply by the Panchayat Union of the medicines as hereinafter provided, the practitioner hereby agrees to proceed at his own expense to the village of........ ....and there to take up his residence, and free of any charges, treat professionally and supply with the necessary medicines from and out of the stock supplied to him by the Panchayat Union all the poor who may from time to time apply to him therefor at his dispensary, and shall, subject to the provision for leave of absence contained in clause 7, be available for such purpose between the hours fixed by the Government from time to time. Provided however that the practitioner shall be available for urgent cases on all days and at all hour whether during the day or night. In case, the practitioner leaves his station during nights to attend to emergent cases, if any in the neighbouring villages, he shall intimate such absence to the Commissioner of the Panchayat Union (hereinafter referred to as the Commissioner) on the following morning.

NOTE.—The term 'poor' in this clause shall be interpreted as referring to persons or member of the families of persons whose monthly income will be within the limit fixed by the Government from time to time.

(2) Subject to the provisions of clause 1, the practitioner shall be entitled to charge fees for professional services rendered, and medicines supplied from his own private stock. But in case, the medicines are supplied from the stock of medicines of the rural dispensary,the practitioner shall credit the proceeds of sales of such medicines to the funds of the Panchayat Union.

(3) The practitioner shall display in a conspicuous place on the outside of the dispensary a notice in the language of the district to the effect that it is the rural dispensary of the Panchayat Union, and shall maintain at such dispensary the books and registers shall make the statistical returns set out in the schedule hereto, such returns to be forwarded through the Commissioner to the District Medical Officer.

(hereinafter referrred to as the District Medical Officer) or Director of Indian Medicine (hereinafter referred to as the Director of Indian (Medicine) according as the institution is of modern or Indian System of Medicine, at such periods as the District Medical Officer or the Director of Indian Medicine as the case may be, may direct. Such registers shall be open at all times to inspection by the District Medical Officer or the Director of Indian Medicine as the case may be, or the Commissioner, or any other person or persons authorised in writing by any of foress:d authorises in that behalf. The practitioner shall submit promptly all such information is may required by any of the said authorities in this behalf. He shall also observe the procedure which may be laid down from time to time by the Government in regard to the claiming of the subsidy due to him, and the Maternity Assistant, if any.

(4) The District Medical Officer or the Director of Indian Medicine as the case may be, or any one deputed by, either of them in writing, shall be entitled to enter and inspect the dispensary when and as often as he shall think fit.

(5) The Government will, from the date of the opening of the dipensary ard during the continuance of this agreement, pay to the practictioner annually the sum of rupees
or such sum as may be fixed by the Government from time to time and in such manner and subject to such conditions as may be laid down by them in this behalf, by general or special orders.

(6) The Panchayat Union shall supply pract t oner free of cost Medicine of such value as may be prescribed by the Government from time to time. The Panchayat Union shall also supply the practitioner w th the necessary outfit for the use of the m dw fe if one is employed in the dispensary. The medicines required by the Matern ty Assistant shall be supplied from time to time from the stock of drugs supplied to the practotioner by the Panchayat Union.

(7) (i) The practotioner may for sufficient reasons with the previous sanction of the Commissioner avail himself of causual leave including public holidays for ten days at a time for 15 days in all in a calender year, and causal leave remaining to the credit of the practitioner at the end of the calender year will lapse on the expiry of that year.

(ii) The pract t ober shall not va l himself of causual leave for more than the maximum period he s el g ble for a time but, if for any reason he does, the entire period of the leave shall be treated as leave to which he is eligible under sub-clause (i) or sub-clause (v) and if he is not eligible for any such leave as on loss of subsidy.

(iii) When for any special reason the practtt oer finds it necessary to leave the village he may do so in anticipation of the Commissioner approval but shall before leaving, intimate to the Commissioner in writing the fact of her depature from village and shall also state the reasons for such departure. Wheneever he leaves the village otherwise than for attending to emergent cases in the night he shall send a report to the Commissioner and District Medical Officer or the Director of Indian Medicine as the case may be as sonn as the return to duty.

(iv) With the previous sanction of the Commissioner, practitioner may for sufficient reasons, also avail himself of earned leave equivalent to 1/11th of the period spent on duty. The earned leave which is not availed of within a calender year may be allowed to accumulate up to a maximum of 90 days provided that all such leave which is not availed of prior to the date of termination of the ageereement will automatically lapse on that date.

(v) The practitioner shall not avail himself of earned leave for more than the maximum period he is eligible for when a practotioner is granted earnred leave for a period exceeding 30 days the Commissoiner may appoint a subsitute in his place. The Commissioner may for special reasons grant leave to the practituioner in excess of the earned leave and not exceeding 6 months provided that the Commissioner obtains a subsitute, or the practitioner arranges for a Medical Practotioner during his absence. The substutue so appointed shall in either case be a Medical Practotioner trained in the same system of the medicine as the practotioner and shall receive a portion of the said subsidy proproation to the period during which he is incharge of the dispensary. The substitute also shall be eligible to the leave concessions admissible to the practitioner in whose place he is appointed. In the event of the practitioner being absent from duty for more than 6 months, the Commissioner may under the provisions hereinafter contained terminate this agreement.

(vi) The practitioner shall not be entitled to avail himself of causal leave in combination with any other leave, i.e., leave admsisible under sub-clause (iv) or sub-clause (v) of leave on loss of subsidy.

(8) The practitioner shall not ord narily be liable for transfer from one dispensary to anotherl In special cases, he shall be liable to be transferred from one d spensary to another by the Commissioner with the approval of the Government. If the Panchayat Union considers that the dispensary is not working satisfactorily or that it .s superflous on acccount of its proximity to other rural dispensaries or local body or Government Medical Institutions, or that a regular local body dispensary or a primary centre should be opened instead of the rural dispensaryi n that village, or that the dispensary should, on public grounds, be convered nto a dispensary of the Indian System of Medicine it may, after obtaining the previous approval of the Government close the ural dospensary after giving three months notice to the practitioner. When a rural dispensary shifted to another village, the practitioner incharge of the rural dispensary shall, if he is willing be appointed as the Medical Practitioner ncharge of the newly opend rural dispensary.

(9) The practitioner shall, if required either by the Commissioener or the Officers of the Public Health Department attend to inoculation work. He shall be paid by the Panchayat Union for the services so rendered a remuneration at the rate fixed by the Government from time to time and shall also be paid travelling allowance for journeys, if any , without any minimum limit as to the distance travelled, undertaken by him in connection with such work. He shall also attend to duties connected with fairs and festivals, epidemics, or any other item of work in connection with public health if required by the Commissioner or the Officers of the Public Health Department and shall also, if required by the Commissioner attend to miscellaneous items of work such as taking additional charge of a dispensary, taking stock of medicines and equipment in it, and participate in any conference within the district for selection of samples of drugs, etc. He will be paid by the Panchayat Union a daily allowance as per the existing rate or travelling allowance for journeys beyond eight kilometres undertaken for the duties specified above (other than inoculation work) whichever is higher. The grade of this officer for the grant of travelling allowance may be fixed as per the existing rules.

(10) The practitioner shall, if he has undergone training in public health work, attend to that work within a radius of eight kilometres from his headquarters, for which he shall be paid a remuneration of Rs. 15 a month. Other terms and conditions governing the discharge of this duty shall be as laid down in G.O. No. 2639, Public Health, dated the 21st July 1938.

If the practitioner is required to do inoculation work-beyond the radius of eight kilometres from his headquarters, he may be paid a remuneration and daily allowance or travelling allowance as prescribed in clause 9, for the distance travelled beyond the eight kilometres radius.

Note.—This clause should be substituted for clause 9 in the agreement in the case of practitioners who have undergone the training in public health work referred to in the Government order specified above.

(11) A practitioner attending to public health work shall not be required to perform routine vaccination. He shall, however, be required to do vaccination when smallpox breaks out in any of the villages within a radius of eight kilometres from his dispensary.

(12) The practitioner may, on the recommendation of the Director of Health Services and Family Planning or the Director of Indian Medicine as the case may be, be appointed as a Medical Officer in a permanent vacancy in a regular dispensary under the control of the Panchayat Union or as a reserve Medical Officer, if—

(*a*) he possess the qualifications prescribed for the post of local body Medical Officer and his records are satisfactory; and

(*b*) no other person, eligible under the rules for appointment in that vacancy, is available.

(13) If the practitioner is deputed temporarily for military duty he shall, during the period of such deputation have a lien on his appointment as Medical Practitioner in the rural dispensary.

(14) Save as otherwise provided herein, this agreement shall be subject to termination by either the union or the practitioner giving to the other of them three calendar months notice in writing to that effect:

Provided however that the Union shall be entitled to terminate the agreement under this clause only in the event of its being unable to maintain the dispensary on account of financial stringency. The Panchayat Union shall also be entitled to terminate this agreement at any time and without notice to the practitioner of any provisions of this agreement on his part here in contained or in the event of his work being unsatisfactory or of his being guilty of gross misconduct or in the event of the Practitioner's name being removed from the medical register maintained under Section 11 of the Tamil Nadu Medical Registration Act, 1914 (Tamil Nadu Act IV of 1914, he is a practitioner of modern medicine or from the Register of Practitioners of Indian Medicine) maintained under G.O. No. 231, Public Health, dated the 1st February 1933, if he is a practitioner of Indian medicine in the event of the practitioner being absent from duty for more than six months.

In the event however, or an alleged breach by the practitioner of any provisions on the agreement on his part of any alleged unsatisfactory work or gross misconduct on his part, the Commissioner shall first obtain the views of the District Medical Officer or Director of Indian Medicine as the case may be, and then frame definite charges in writing and obtain the explanation of the practitioner in writing. The practitioner shall be required to state whether he desires to be heard in person. If he desires or if the Commissioner so directs, an oral enquiry shall be held. At that enquiry oral evidence shall be heard as to such of the allegations as are not admitted, and the medical practitioner charged shall be entitled to Cross-examine the witnesses, or give evidence in person, and to have such witnesses called as he may wish provided that the persons conducting the inquiry may, for special and sufficient reasons to be recorded in writing, refuse to call a witness. If the practitioner concerned has absconded or where it is for other reasons impracticable to communicate with him or if there is a difficulty in observing exactly the requirements of this clause, all or any of the provisions thereof may, in exceptional cases, for special and sufficient reasons to be recorded in writing, be waived by the Commissioner. The proceedings shall contain a sufficient record of the evidence. The Commissioner shall then consult the District Medical Officer or the Director of Indian Medicine as the case may be, who will give his definite findings on each charge and the grounds therefor. The Commissioner shall thereupon place the matter before the Panchayat Union with the views of the District Medical Officer or the Director of Indian Medicine, as the case may be, and communicate the decision of the Panchayat Union to the District Medical Officer or the Director of Indian Medicines as the case may be. If the decision of the Panchayat Union is accepted by the District Medical Officer or the Director if Indian Medicine as the case may be, the Commissioner shall issue orders accordingly. If the decision of the Panchayat Union is not accepted by the District-Medical Officer or the Director of Indian Medicines as the case may be, matter shal be referred to the Government whose decision shall be final and binding on all parties, and the Commissioner shall issue orders in accordance with the decision of the Government. An appeal shall lie to the Government at the instance of the practitioner in all matters in which a reference to the Government has not already been made and the decision of the Government therein shall be final. The Panchayat Union shall not terminate the services of the practitioners before this appeal to the Government is disposed of by them, provided that practitioner appeals to the Government within two months from the date of receipt of the Commissioners order.

On the termination of this agreement, the practitioner shall hand over the drugs, outfit for the maternity Assistant and other equipment, if any, belonging to the dispensary to his successor or to any other person authorised by the commissioner to receive them.

(15) A practitioner shall not in any circumstances be entitled to claim from the Government or the Panchayat Union any subsidy, remuneration, supply of equipment or any sum by way of damages in respect of any period between the date on which he was relieved of his duties by reason of the termination of his services by the Panchayat Union and the date on which he was restored to his post under the orders of the Government or of a Civil Court or otherwise, eventhough the termination of his service was found to be irregular or not in accordance with any of the provisions of this agreement.

(16) A practitioner shall not stand for election or appointment as a member of any local authority. He shall not be canvassing or otherwise, intervene or use his influence, in any way in an election to a legislative body constituted, under the Constitution of India or any local authority except that he may record a vote if he is qualified to do so. In that case, he should as far as possible, avoid giving any indication before-hand of the direction in which he intends to vote.

(17) In case of any dispute arising as to the meaning of these presents or in respect of any matter or thing arising thereunder, the same shall be referred to the Government whose decision shall be final and binding on the parties.

(18) Notwithstanding anything contained in this agreement, it shall be open to the Government to order the discontinuance of or reduction in, the subsidy, if they are satisfied that the dispensary is not being equipped adequately. In such a case, agreement shall be deemed to have been terminated on the date on which the Government orders is communicated to the practitioner.

(19) This agreement shall be in force for a period of one year from the..................

THE SCHEDULE.

Books and Registers. (1)	Number in the standard list of forms for use in the medical department. (2)
1. Nomenclature of diseases	..
2. Stock Book (medicine and surgical instruments)	142 (Group I).
3. Nominal Register of out-patients	12 Do.
4. Daily Register of Diseases.	21 Do.

(1)		(2)
5. Daily Register of Classes and Sexes	22	(Group I)
6. Operation Register	16	Do.
7. Visitor's Book	36	Do.

Statistical Returns.

Statement 'A'	161	(Group I)
Statement 'B"	162	Do.
Statement 'C'	163	Do.
Statement 'D'	164	Do.
Statement 'E'	165	Do.
Statement 'F'	166	Do.
Statement 'G'	167	Do.
Statement III-B	168	(Group E)

Quarterly statement of the work done in the dispensary

I'm witness whereof and ard acting for and on behalf of and by the order and direction of His Excellency the Governor of Tamil Nadu have hereun to set their hands.

Signed by the above named in the presence of

Signed by the above named in the presence of

Signed by the above named in the presence of

The common seal of the union has been hereunder affixed.

PART-II.

Form of agreement to be executed by medical practitioners incharge of subsidized rural dispensaries when the agreement is to be renewed.

This indenture made the day of 19 between His Excellency the Governor of Tamil Nadu (which expression shall, where the context so admits, include his successors in office and assigns) of the first part and the Panchayat Union (hereinafter referred to as the Panchayat Union which expression shall, where the context so admits, include its successors and assigns) of the second part and son of

(hereinafter referred to as the practitioner) of the third part.

(2) Whereas, by an agreement, dated the day of the practitioner agreed to practice in the village of as a medical practitioner for a period of one year from

(3) And whereas the said period of the year on the expires/expired day of

(4) And whereas the Union has requeste the practitioner to continued to practice in the village aforesaid for a period of one year from which the practitioner has agreed to do upon the same terms and conditions as contained in the original agreement of the parties dated the

(5) Now, these presents witness and the parties hereto hereby agree that the terms and conditions of this agreement shall be the same as are contained in the original agreement, dated the and all the terms and conditions in the said original agreement shall be deemed to have been incorporated in this agreement.

In witness whereof and acting for and on behalf of and by the order and direction of His Excellency by the Governor of Tamil Nadu have hereunto set their hands

Signed by the above named in the presence of

Signed by the above named in the presence of

Signed by the above named in the presence of

The common seal of the union has been hereunto affixed.

PART III.

Form of agreement to be executed by medical practitioners incharge of rural non-subsidized dispensaries when entertained for the first time.

This indenture made the day of 19 between the Panchayat Union (hereinafter referred to as the Panchayat Union which expression shall where the context so admits include its successors and assigns) of the first part and son of (hereinafter referred to as the practitioner) of the second part;

Whereas the Panchayat Union, with a view to bringing medical relief within easy reach of the rural population, has requested the practitioner to reside in the village of and thereto practice as a medical practitioner which the practitioner has agreed to do upon the terms and conditions hereinafter contained;

Now it is hereby agreed and declared by and between the parties here to as follows:—

1. In consideration of the payments by the Panchayat Union and the supply by the Panchayat Union of the medicines as hereinafter provided, the practitioner hereby agrees to proceed at his own expense to the village of there to take up his residence, and free of any charges treat professionally and supply with the necessary medicines from and out of the stock supplied to him by the Panchayat Union, all the poor who may, from time to time, apply to him therefore at his dispensary, and shall, subject to the provision for leave of absence contained in clause 7, be available for such purpose between the hours fixed by the Government of Tamil Nadu (hereinafter referred to as the Government from time to time) provided, however, that the practitioner shall be available for urgent cases on all days and at all hours whether during the day or night. In case the practitioner leaves his stations during nights to attend to the emergent cases if any, in the neighbouring villages he shall intima such absence to the Commissioner of the Panchayat Union (hereinafter referred to as the Commissioner on the following morning.

NOTE—The term 'poor' in this clause shall be interpreted as referring to persons or members of the families of persons whose monthly ineome will be within the limit fixed by the Government, from time to time.

2. Subject to the provisions of clause I, the practitioner shall be entitled to charge a fees for professional services rendered, and medicines supplied from his own private stock, but in case the medicines are supplied from the stock of medicines of the rural dispensary, the practitioner shall credit the proceeds of sales of such medicines to the funds of the Panchayat Union.

3. The Practitioner shall display in a conspicuous place on the outside of the dispensary a notice in the language of the district to the effect that it is the rural dispensary of the Panchayat Union, and shall maintain at such dispensary the books and registers and shall make the statistical returns set out in the Schedule hereto, such returns to be forwarded through the Commissioner to the District Medical Officer (hereinafter referred to as the District Medical Officer) or the Director of Indian Medicine according as the institution is of Modern or Indian system of Medicine, at such periods as the District Medical Officer or the Director of Indian Medicine as the case may be, may direct, such registers shall be open at all ties to inspection by the District Medical Officer or the Director of Indian Medicine as the case may be, or the Commissioner or any other person or persons authorised in writing by any of the aforesaid authorities in that behalf. The practitioner shall submit promptly all such information as may be required by any of the said authorities in this behalf. He shall also observe the procedure which may be laid down from time to time by the Government in regard to the claiming of the subsidy due to him and the Maternity Assistant, if any.

4. The District Medical Officer or the Director of Indian Medicine as the case may be, or any one deputed byeither of them in writing shall be entitled to enter and inspect the dispensary when and as often as he shall think fit.

5. The Panchayat Union will, from the date of the opening of the dispensary and during the continuance of this agreement pay to the practitioner annually the sum of rupees or such sum as may be fixed by the Government from time to time and in such manner and subject to such conditions as may be laid down by them in this behalf by general or special orders.

6. The Panchayat Union shall supply the practitioner free of cost medicines of such value as may be prescribed by the Government from time to time. The Panchayat Union shall also supply the practitioner with the necessary outfit for the use of the Maternity Assistant if one is employed in the dispensary. The medicines required by the Maternity Assistant shall be supplied from time to time from the stock of drugs supplied to the practitioner by the Panchayat Union.

7. (i) The Practitioner may for sufficient reasons with the previous sanction of the Commissioner avail himself of casual leave including Public Holidays for ten days at a time for 15 days in all in a calendar year; and casual leave remaining to the credit of the practitioner at the end of the calendar year will lapse on the expiry of that year.

(ii) The practitioner shall not avail himself of casual leave for more than the maximum period he is eligibe for a time but if for any reason he does, the entire period of the leave shall be treated as leave to which he is eligible under sub-clause (i) or sub-clause (v) and if he is not eligible for any such leave as on loss of subsidy.

(iii) When for any special reason the practitioner finds it necessary to leave the village he may do so in anticipation of the Commissioner's approval but shall before leaving, intimate to the Commissioner in writing the fact of his departure from village and shall also state the reasons for such departure. Whenever he leaves the village otherwise than for attending to emergent cases in the night he shall send a report to the Commissioner and District Medical Officer or the Director of Indian Medicine as the case may be as soon as he returns to duty.

(iv) With the previous sanction of the Commissioner the practitioner may for sufficient reasons, also avail himself of earned leave equvalent to 1/11th of the period spent on duty. The earned leave which is not availed of within calendar year may be allowed to accumulate upto a maximum of 90 days provided that all such leaves which is not availed of prior to the date of termination of the agreement will automatically lapse on that date.

(v) The practitioner shall not avail himself of earned leave for more than the maximum period he is eligible for; when a practitioner is granted earned leave for a period exceeding 30 days the Commissioner may appoint a substitute in his place. The Commissioner may for special reasons grant leave to the practitioner in excess of the earned leave and not exceeding six months provided that the Commissioner obtains a substitute, or the practitioner arranges for a medical practioner during his absence. The substitute so appointed shall in either case be a medical practitioner trained in the same system of the medicine as the practioner and shall receive a portion of the said subsidy proportion to the period during which he is incharge of the dispensary. The substitute also shall be eligible to the leave concessions admissible to the practitioner in whose place he is appointed. In the event of the practitioner being absent from the duty for more than six months the Commissioner may under the provisions hereinafter contained terminate to this agreement.

(vi) The practitioner shall not be entitled to avail himself of casual leave in combination with any other leave, i.e., leave admissible under sub-clause (iv) or sub-clause (v) of leave on loss of subsidy.

8. The practitioner shall not ordinarily be liable for transfer from one dispensary to another. In special cases, he shall be liable to be transferred from one dispensary to another by the Commissioner with the approval of the Panchayat Union. If after obtaining the opinion of the District Medical Officer or the Director of Indian Medicine as the case may be the Commissioner considers that the dispensary is not working satisfactorily or that it is superfluous on account of its proximity to other rural dispensaries or local body or Government Medical Institutions or that regular local body dispensary or a primary centre should be opened instead of the rural dispensary in that village, or that the dispensary should, on public grounds, be converted into a dispensary of the Indian System of Medicne /Modern System of Medicine he may after obtaining the previous approval of the Panchayat Union, close the rural dispensary after giving three months notice to the practitioner. When a rural dispensary is shifted to another village, the practitioner in charge of the rural dispensary shall, if he is willing, be appointed as the medical practitioner in charge of the newly opened rural dispensary.

9. The practitioner shall, if required either by the Commissioner or the officers of the Public Health Department attend to inoculation work. He shall be paid by the Panchayat Union for the services so rendered a remuneration at the rate of 6 paise per case of inoculation subject to a minimum of Re. 1 per day and shall also be paid travelling allowance for journeys, if any, without any minimum limit as to the distance travelled, undertaken by him in connection with such work He shall also attend to duties connected with fairs and festivals, epidemics, or any other item of work connected with public health, if required by the Commissioner or the offlfficers of the Public Health Department and shall also if required by the Commissioner attend to miscellaneous items of work such as taking additional charge of a dispensary, taking stock of medicines and equipment in it, and participate in any conference within the district for selection of samples of drugs, etc. He will be paid by the Panchayat Union a daily allowance admissible or travelling allowance for journeys beyond eight kilometres undertaken for the duties specified above (other than inoculation work) whichever is higher. The grade of the officer for the grant of Travelling Allowance may be fixed as per the existing rules.

10. The practitioner shall, if he has undergone training in public health work attend to that work within a radius of eight kilometres from his headquarters, for which he shall be paid a imuneration of Rs. 15 a month. Other terms and conditions governing the discharge of his duty shall be as laid down in G.O. Ms. No. 2639, Public Health, dated the 21st July 1938.

If the practitioner is required to do inoculation work beyond the radius of eight kilometres from his headquarters he may be paid a remuneration and daily allowance or travelling allowance as prescribed in clause 9 for the distance travelled beyond the eight kilometres radius.

NOTE.—This clause should be substituted for cluase 9 in the agreement in the case of practitioners who have undergone the training in public health work referred to in the Government order specified above.

11. A practitioner attending to public health work shall not be required to perform routine vaccination. He shall, however, be required to do vaccination when small-pox breaks out in any of the villages within a radius of eight kilometres from his dispensary.

12. The practitioner may, on the recommendation of the Director of Health Services and Family Planning or the Director of Indian Medicine as the case may be, be appointe as Medical Officer in a permanent vacancy in a regular dispensary under the control of the Panchayat Union or as a reserve medical officer if—

(*a*) he possesses the qualifications prescribed for the post of local body medical officer and his records are satisfactory ; and

(*b*) no other person eligible under the rules for appointment in that vacancy is available.

13. If the practitioner is deputed temporarily for military duty, he shall, during the period of such deputation, have a lien on his appointment as medical practitioner in the rural dispensary.

14. Save as otherwise provided herein, this agreement shall be subject to termination by either the Panchayat Union or the practitioner giving to the other of them three calendar months notice in writing to that effect :

Provided, however, that the Panchayat Union shall be entitled to terminate the agreement under this clause only in the event of its being unable to maintain the dispensary on account of financial stringency. The Panchayat Union shall also be entitled to terminate this agreement at any time and without notice to the practitioner in the event of any breach by the practitioner of any provisions of this agreement on his part herein contained or in the event of his work being unsatisfactory or of his being guilty of gross misconduct or in the event of the practitioner's name being removed from the medical register maintained under Section 11 of the Tamil Nadu Medical Registration Act, 1914 (Tamil Nadu Act IV of 1914) if he is a practitioner of modern medicine or from the Register of Practitioner of Indian Medicines maintained under G.O. No. 231, Public Health, dated the 1st February 1933, if he is a practitioner of Indian Medicines or in the event of the practitioner being absent from duty for more than six months. In the event, however, of an alleged breach by the practitioner of any provisions of the agreement in his part or of any alleged unsatisfactory work or gross misconduct on his part, the Commissioner shall first obtain, the views of the District Medical Officer or the Director of Indian Medicine as the case may be, and then frame definite charges in writing and obtain the explanation of the Practitioner in writing. The practitioner shall be required to state whether he desires to be heard in person. If he so desires or if the Commissioner so directs, an oral inquiry shall be held. At that enquiry, oral evidence shall be heard as to such of the all egations as are not admitted, and the medical practitioner charged shall be entitled to cross examine the witnesses, or given evidence in person, and to have such witnesses called as he may wish, provided that the person conducting the inquiry may, fo special

and sufficient reasons to be recorded in writing, refuse to call a witness. If the practitioner concerned has absconded or where it is for other reasons impracticable to communicate with him or if there is a difficulty in observing exactly the requirements of this clause, all or any of the provisions thereof may in exceptional cases, for special and sufficient reasons to be recorded in writing, be waived by the Commissioner. The proceedings shall contain a sufficient record of the evidence. The Commissioner shall then consult the District Medical Officer or the Director of Indian Medicine as the case may be, who will give his definite findings on each charge and the grounds therefor. The Commissioner shall thereupon place the matter before the Panchayat Union with the views of the District Medical Officer or the Director of Indian Medicine as the case may be and communicate the decision of the Panchayat Union to the District Medical Officer or the Director of Indian Medicine as the case may be. If the decision of the Panchayat Union is accepted by the District Medical Officer or the Director of Indian Medicine as the case may be, the Commissioner shall issue orders accordingly. If the decision of the Panchayat Union is not accepted by the District Medical Officer or the Director of Indian Medicine as the case may be, the matter shall be referred to the Government whose dec's'on shall be final and b'nd'ngs on all part'es and the Commissioner issue orders in accordance with the decision of the Government. An appeal shall lie to the Government at the instance of the practitioner in all matters in which a reference to the Government has not already been made and the decision of the Government thereon shall be final. The Panchayat Un'on shall not terminate the serv'ces of the practioner before his appeal to the Government is disposed of by them, provided that the practioner appeals to the Government within two months from the date of receipt of the Commissioner's Order.

On the termintion of this agreement, the practioner shall hand over the drugs, outfit for the Maternity Assistant and other equipment, if any, belonging to the dispensary to his successor or to any other person author'zed by the Comm'ss'oner to rece've them.

15. A practitioner shall not in any c'rcumstances be entitled to claim from the Government or the Panchayat Union any subsidy, remuneration, supply of equipment or any sum by way of damages in respect of any period between the date on which he was relieved of his duties by reason of the termination of his services by the Union and the date on which he was restored to his post under the orders of the Government or of a civil court or otherwise, eventhough their termination of his services was found to be irregular or not in accordance with any of the provisions of this agreement.

16. A practitioner shall not stand for election or appointment as a member of any local authority. He shall not by canvassing or otherwise, intervene or use his influence, in any way, in an election to a legislative body constituted under the Constitution of India or any local authority except that he may record a vote if he is qualified to do so. In that case, he should. as far as possible, avoid giving any indication before hand of the direction in which he intends to vote.

17. In case of any dispute arising as to the meaning of these presents, or in respect of any matter or thing rising thereunder, the same shall be referred to the Government whose decision shall be final and binding on the parties.

18. Notwithstanding anything contained in this agreement, it shall be open to the Panchayat Union to order the discontinuance of, or reduction in, the subsidy, if they are satisfied that the dispensary is not being equipped adequately. In such a case, the agreement shall be deemed to have been terminated on the date on which the Panchayat Union's order is communicated to the practitioner.

19. This agreement shall be in force for a period of one year from the.................

THE SCHEDULE.

Books and register. (1)	Number in the standard list of forms for use in the Medical department. (2)
1. Nomenclature of diseases	....
2. Stock book (medicines and surgical instruments)	142 (Group I)
3. Nominal register of out-patients	12 Do.
4. Daily register of diseases	21 Do.
5. Daily register of classes and sexes	22 Do.
6. Operation register	16 Do.
7. Visitor's Book	36 Do.

(1)	(2)
Statistical Returns.	
Statement 'A'	161 Group I
Statement 'B'	162 "
Statement 'C'	163 "
Statement 'D'	164 "
Statement 'E'	165 "
Statement 'F'	166 "
Statement 'G'	167 "
Statement III-B	168 "

Quarterly statement of the work done in the dispensary.

In witness whereof : and acting for and on behalf of the : union have hereunto set fheir hands.

Signed by the above named in the presence of ;

Signed by the above named in the presence of ;

The common seal of the union has been hereunto affixed

PART IV.

Form of agreement to be executed by medical practitioners incharge of non-subsidized rural dispensaries when the agreement is to be renewed.

This Indenture made the day of 19 between the Panchayat Union (hereinafter referred to as the Panchayat Union which expression shall, where the context so admits, include its successors in office and assigns) of the first part and son of (hereinafter referred to as the practitioner) of the second part.

2. Whereas by an agreement, dated the day of the practitioner agreed to practice in the village of as a medical practitioner for a period of one year from

3. And whereas the said period of one year $\frac{\text{expires}}{\text{expired}}$ on the day of

4. And whereas the union has requested the practitioner to continue to practice in the village aforesaid for a period of one year from which the practitioner has agreed to do upon the same terms and conditions as contained in the original agreement of the parties, dated the

5. Now, these presents witness and the parties hereto hereby agree that the terms and conditions of this agreement, shall be the same as are contained in the original agreement, dated the and all the terms and conditions in the said original agreement shall be deemed to have been incorporated in this agreement.

In witness whereof and acting or and on behalf of the/ Panchayat Union have hereunto set their hands.

Signed by the above named in the presence of :

Signed by the above named in the presence of :

The common seal of the union has been hereunto affixed.

ANNEXURE II.

Form of agreement to be executed by maternity assistants in subsidized rural dispensaries.

THIS AGREEMENT made the day of 19 between the Panchayat Union (hereinafter referred to as the Panchayat Union which expression shall, where the context so admits, include its successors and assigns) of the first part and son of/daughter of/wife of (hereinafter refererd to as the " Maternity Assistant ") of the second part.

WHEREAS the maternity assistant has agreed with the commissioner of the Panchayat Union (hereinafter referred to as "The Commissioner ") in consultation with the District Medical Officer to proceed to the village of in the district and to work as a maternity assistant in such village and around such village within a radius of eight kilometres therefrom (hereinafter referred to as " the said territory ") for a period of three years upon the terms and conditions hereinafter contained.

Now this indenture witnesseth as follows :

1. In consideration of the sum of Rs. to be paid by the Panchayat Union each month and the supply by the Panchayat Union of the Midwifery outfit containing the articles more particularly mentioned in the Schedule hereto and the supply by the Rural Medical Practitioner at village (hereinafter referred to as " the Rural Medical Practitioner ") of all or any drugs and/or medicines that may from time to time be required by the maternity assistant and the further payments to the maternity assistant by the Panchayat Union as hereinafter fixed, the maternity assistant agrees to proceed at his/her own cost to the village of in the district and to work in the said territory as a maternity assistant.

2. The maternity assistant hereby agrees—

(*a*) To attend at the rural dispensary in the village (hereinafter referred to as the rural dispensary) between the hours fixed by the Government of Tamil Nadu from time to time, to assist the Rural Medical Practitioner in the examination and treatment of patients attending the rural dispensary in the said village :

Provided however that the maternity assistant shall not be employed in dressing surgical cases.

(*b*) At other times to go round the said territory visiting expectant mothers and advising them on ante-natal care and generally to do propaganda work regarding the benefits in maternity cases of proper and early treatment by modern medicines and on the allopathic system of treatment.

(*c*) To make a record of his/her visits and the results thereof in a register to be maintained by him/her for the purpose and to produce the same for the inspection of the Rural Medical Practitioner and/or the Inspecting Officers whenever required to do so.

(*d*) At all times to work under the direction and immediate control of the Rural Medical Practitioner subject only to the administrative control of the Commissioner and generally to conduct on all days and at all hours whether during day or night all uigent cases of labour:

Provided however that in cases where the maternity assistant has to attend urgent cases of labour during the hours herein before fixed for his/her attendance at the rural dispensary or where he/she has to leave the village for the purpose of attending to labour cases in the said territory, he/she shall inform the Rural Medical Practitioner as early as possible of his/her movement in regard thetreo.

(*e*) To attend at least such number of labour case every month as may, from time to time, be fixed by the Commissiosner. If the number of laboursases attended to by him/hei falls below the number fixed by the Commissioner the s ubsidy maybe reduced in proportion to the number of cases falling below the mini mum fixed :

Provided however that no reduction of subsidy need be made if the number of labour cases arising in the said territory during the month falls short of the prescribed minimum or for an occasional shortage of in the number of cases attended to by the maternity assistant.

(*f*) To undergo a refresher course extending over a period of at least two months in the maternity ward attached to a hospital approved as a'training centre by the Tamil Nadu Nurses and Midwives Council wherever directed by the Panchayat Union:

Provided however that not withstanding anything herein before contained he/she shall be allowed to draw the sum of Rs. every month from the Panchayat Union during the period he/she is undergoing such course.

(*g*) To submit through the Rural Medical Practitioner on or before the 10th day of every month to the Panchayat Union a statement in the form prescribed by Director of Health Services and Family Planning regarding the number of labour cases conducted by him/her during the proceeding month with explanation where necessary for the number of labour cases being short of the prescribed minimum.

(*h*) Not to claim any extra remuneration for labour cases conducted by him/her in excess of the prescribed minimum.

(*i*) Not to demand or receive for services rendered any remuneration from persons or members of families of persons in the said territory whose monthly income does not exceed the limit fixed by Government from time to time.

Provided however that he/she may claim fees for attending labour cases on persons other than those referred to above.

(*j*) Not to leave the said territory without the previous sanction in writing of the Panchayat Union ;

Provided however where this is not possible he/she may leave the said territory with the permission of the Rural Medical Practitioner through whom he/she shall send a report in writing to the Panchayat Union of such departure and the reasons for the same.

3. The Maternity Assistant shall be entitled to—

(1) A payment of Re. 1 from the Union for every non-paying labour cases attended to by him / her within the said territotry but at a place situated at a distance of more than 1.6 kilometres from the said village.

(2) Leave of absence with payment of the full subsidy for a period of thirty days in the aggregate including public holidays for every period of 12 months during which he/she has been on duty. He/she can combine earned leave with casual leave, if eligible up to a maximum period of 15 days at a time including public holidays.

(3) Leave of absence without subsidy for such period as the District Medical Officer may in his discretion decide subject to the terms of G.O. No. 482, Public Health, dated the 1st February 1941.

(4) Maternity Leave not exceeding a period of two months at any time. During such period of leave, a substitute will be appointed from the funds of the Panchayat Union and if the Panchayat Union does not agree from the revenues of the State. The Maternity Assistant will be entitled to subsidy for the period of leave if the Panchayat Union agrees to bear the cost of the employment of the substitute or if no substitute becomes available for appointment. If a substitute on subsidy

from the revenues of the State is appointed, she will be entitled to subsidy for such period of leave during which no substitute is appointed. If she places herself under observation and treatment by a District Medical Officer and produces a medical certificate issued by him, she may be permitted to combine maternity leave for two months with leave on medical certificate for the actual period covered by the certificate. The subsidy payable to her will, however, be limited to two months.

In the event of the maternity assistant being absent from duty for a period of more than three months, the Commissioner may give him/her a lien on his/her appointment. for a period of six months from a date to be fixed by him if he is satisfied that such absence is due to illness or to the maternity assistant undergoiong a refresher Course.

(5) The maternity assistant shall not be liable to be transferred from one village to another.

Provided however that in special cases he/she may be transferred by the Commissioner after having obtained the orders of the Director of Health Services and Family Planning.

(6) The Commissioner shall have power to censure and impose a fine not exceeding Rs. 5 for any minor fault committed by the maternity assistant.

(7) This agreement may, at any time, be terminated by the Commissioner or the Maternity assistant by giving to the other three calendar months' notice in writing. Such termination by the Commissioner shall however be only in consultation with the District Medical Officer.

(8) If the maternity assistant is deputed for military duty in the Auxiliary Nursing Service, he/she shall, during the period of such deputation, have a lien on his/her appointment as maternity assistant in the rural dispensary.

(9) The Commissioner shall also be entitled but only in consultation with the District Medical Officer, to terminate this agreement at any time and without notice to the maternity assistant in the event of a breach or non-observance by the Maternity Assistant of the covenants and condition herein contained and on his/her part to be performed or observed or in the event of Maternity Assistant being guilty of gross misconduct which, in the opinion of the Commissioner is sufficient to warran the termination of his/her service under these presents or in the event of the maternity assistant's name being removed from the register of maternity assistants maintained under Section 12 of the Tamil Nadu Nurses and Midwives Act, 1926, or in the event of the maternity assistant being absent from duty for a continuous period of more than six months.

Provided however that in the event of determination of these presents by the Commissioner for unsatisfactory work or gross misconduct on the part of the maternity assistant, the Commissioner shall in the first instance frame definite charges in writing and after giving a reasonable opportunity to the maternity assistant to answer the same, give his findings on each such charge and pass further orders, if any. Against any orders passed by the Commissione after such renquiry, the maternity assistant shall be entitled to appeal to the Director of Health Services and Family Planning and the decision of the Director of Health Services and Family Planning shall be final in the matter.

(10) (*a*) The maternity assistant shall either deposit in cash at the time of his/her appointment an amount equal to one month's subsidy or have his/her subsidy for the first month or so much there of as may be necessary adjusted towards the said amount.

(*b*) The amount aforesaid or such portion thereof as the Commissioner may think fit, shall be withheld if the maternity assistant terminates the agreement before the expiry of the term thereof without giving due notice to the Commissioner as provided in clause 7.

(*c*) Where upon the termination of the agreement whether on the expiry of the term thereof or earlier, any loss is sustained by the Union on account of the failure of the maternity assistant to hand over in good order or duly to account for the drugs, midwivery outfit and other equipment if any belonging to the rural dispensary the amount of compensation to be paid to the Panchayat Union shall be determined by the Commissioner and such amount shall be withheld from the amount referred to in sub-clause (*a*).

(*d*) The amount referred to in sub-clause (*a*) less the amount or amounts already withheld under sub-clauses (*b*) and (*c*) shall be refunded to the maternity assistant.

(11) Notwithstanding anything contained in this agreement it shall be open to the Government of Tamil Nadu to order the discontinuance of, or reduction in, the subsidy if they are satisfied that the rural dispensary is being equipped adequately. In such a case this agreement shall be deemed to have been terminated.

IN WITNESS THEREOF the Commissioner of the Panchayat Union hath hereunto set his hand and seal and the common seal of the Panchayat Union has hereunto been affixed and hath hereunto set his/her hard and seal the day and year first above written.

Signed sealed and delivered by the above named in the presence of

The common seal of the Panchayat Union was hereunto affixed in the presence of

THE SCHEDULE ABOVE REFERRED TO.

List showing the outfit of a Maternity Assistant.

Portable tin box with a sterilize and the following articles :-

1. Thermometer.
2. Two test tubes.
3. One ounce-glass.
4. Vaginal nozzle (glass).
5. A good nail brush.
6. Scissors (blunt pointed).
7. Twisted thread for tying cord (in a bottle).
8. Spirit lamp (metal with screw top).
9. Metal catheter (male).
10. One tea spoon.
11. Enema can (enamel).
12. Enema nozzle.
13. Small bedpan (to be carried outside the box).
14. Two calico covers for bed pan.
15. Two enamel (9 inches diametr) bowls.
16. Soap tray and soap.
17. Kidney tray.
18. Mackintosh sheeting (1 yard square).
19. Mackintosh apron for Maternity Assistant's use.
20. Cotton wool in muslin bag.
21. Cotton swabs in muslin bag.
22. Accouchment pads in calico bag ; 6 to be taken at a time for each case (boiled two tied up in guaze).
23. Gauze in muslin bag.
24. Six towels (one to be clean in box for use always for each Maternity Assistant).
25. Bot le for extract Ergot liq.
26. Bottle for lysol (poison label).
27. Bottle for tincture iodine (poison label).
28. Bottle for zinc and boric powder (equal parts of zinc oxide and boric acid).
29. Bottle for aceticacid (poison label).
30. Bottle for methylated spirit (poison label).
31. Dark drop bottle for silver nitrate solution 1 per cent (poison label).

    NOTE.—All bottles should have painted labels.

32. Midwifery box.
33. One calico bag stitched into compartments for carrying nozzle, catheter, scissors, etc.

    NOTE.—A small stove with stand for placing bowls

    Regarding sterilizer—

34. Twelve large safety pins.
35. One skin of white tope, ¾ inch broad.
36. Dressing forceps.
37. Two artery forceps (spencer wells)

    A metal foetal stet hoscope.

RULES GOVERNING MEDICAL ATTENDANCE AND THE LEVY OF FEES IN GOVERNMENT MEDICAL INSTITUTIONS IN THE STATE OF TAMIL NADU

456. Rules governing Medical Attendance and the levy of fees in Government Medical Institutions in the State of Tamil Nadu.

(1) *Short Titles.*—These rules my be called the " Tamil Nadu Medical Attendance RuleL "

(2) *Extent of application.*—(*a*) These rules shall extend to the whole of the State of TAMIL NADU.

(*b*) These rules also apply to persons who are entitled to medical attendance uender the Secretary of State Services (Medical Attendance) Rules, 1938, the All India Services (Medical Attendance) Rules, 1954, and also the Tamil Nadu State Higher Judicial Officers who are to be treated on a par with the I.A.S. and I.P.S. Officers but only to the extent to which they are not inconsistent with those rules.

(*c*) These rules also apply to the Gazetted and Non-Gazetted Officers and their famiried of the Cauvery Ganging Sub-division, Tamil Nadu Public Works Department working at Mysore and Krishnarajasagar.

(3) *Definitions.*—For the purpose of these rules—

(i) " Government servant " means a whole-time Government servant employed under the Government of Tamil Nadu and includes such servants employed under other State Governments with whom reciprocal arrangements in respect of medical attendance have been enterep ,otin but does not include part-time or honorary workers.

(ii) " Registered Medical Practitioners " mean a person registered under the Madras Medical Registration Act, 1914.

(iii) (*a*) Family in the case of Non-Gazetted Government Servants and employees of local bodies drawing salary not exceeding Rs. 300 per mensem including the following members who are residing with and wholly dependent on him:—

Male Non-Gazetted Officers—

1. Father.
2. Mother.
3. Wife (more than one wife).
4. Children.
5. Adopted Son or Daughter.
6. Step Children.
7. Step Mother.
8. Judicially separated wife.
9. Divorced / Widowed Daughters.
10. Deserted Daughters.
11. Unmarried Sisters.
12. Adopted Mother (Applicable only to adopted Government servants).

Female Non-Gazetted Officers—

1. Father.
2. Mother.
3. Husband.
4. Children.
5. Step Mother.
6. Divorced/Widowed Daughters.
7. Deserted Daughters.
8. Unmarried Sisters.
9. Adopted Mother.

1. G.O. P., No. 1812, Health, dated 18th June 1957.
2. G.O. P., No. 1832, Health, dated 18th June 1957.
3. G.O. Ms. No. 2460, Health, dated 25th November 1964.
4. GO. Ms. No. 1242, Health, dated 28th May 1970.
5. G.O. No. 2913, Health, dated 3rd November 1969.

NOTE — Demandent minor brothers of servent of Gaund Cand entiled to lieved from medical conssiso applicable to Government servents with effect from 5th November 1973.

(G.O. No. 2719, Health and Family Planning, dated 5th November 1973.

(*b*) Family in the case of Gazetted Government Servants and Employees of Local Bodies Derawing Salary exceeding Rs. 300 p.m. who are residing with and wholly dependent on him:—

Male Gazetted Officer—

1. Wife.
2. Children.
3. Adopted Son or Daughter.
4. Widowed Step Mother.
5. Judicially separated wife.
6. Deserted Daughters.
7. Divorced/Widowed Daughter.
8. Adopted Mother (Applicable only to adopted Government Servants).
9. Parents.

Female Gazetted Officer—

1. Husband.
2. Children.
3. Parents.
4. Adopted Mother.

1. G.O. Ps. No. 3002, Health, dated 26th September 1955.
2. G.O. Ps. No. 1832, Health, dated 18th June 1957.
3. G.O. No. 2913, Health, dated 3rd November 1960.
4. G.O. Ms. No. 2460, Health, dated 25th November 1964.
5. G.O. Ms. No. 1419, Health, dated 23rd June 1965.
6. G.O. Ms. No. 2448, Health, dated 8th December 1965.
7. G.O. Ms. No. 585, Public Health, dated 30th March 1967.
8. G.O. Ms. No. 1746, Health, dated 2nd November 1968.
9. G.O. No. 1242, Health, dated 28th May 1970.
10. G.O. Ms. No. 2170, Health, dated 19th August 1971.

NOTES.—(1) The Divorced/Widowed daughter of entitled personnel are entitled to have free concession subject to the production of a certificate given by a Government servant or the Officer concerned to the satisfaction of the controlling authority that the Divorced/Widowed daughters is wholly dependant on him.

(G.O. Ms. No. 2448, Health, dated 8th December 1965.)

(2) Adopted Mother of adopted son is entitled to have free medical concession. Adopted son's mother is not entitled to have the free medical concession.

(G.O. Ms. No. 1746, Health, dated 2nd November 1968.)

(3) The parents of Gazetted Governmment Servants and employees of local bodies drawing salaries exceeding Rs. 300 per mensem are entitled to have the concession only when they have neither resource nor any income.

(G.O. Ms. No. 333, Health, dated 3rd March 1971.)

(iv) " Medical Attendance " means the professional advice and care during sicknesss or injury afforded by the appointed medical attendant at the entitled Government Servants' residence or at the consulting room of the Authorised Medical Attendant including such surgical treatment as can suitably be given at the Government Servants' residence or at the consulting room of the Authorised Medical Attendant. It includes professional advice and care afforded by a Medical [illegible] during treatment [illegible] hospital.

(v) " Well-to-do-person " means a person who is in receipt of an annual income of more than Rs. 2,400 or who is a member of the Family or such a person and actually dependant on him. In arriving at the annual income, the following shall be taken into account :—

" The pay of the person concerned cost of living allowance, house rent allowance, hill allowwance, if any, and income from any other source. If any conveyance allowance, travelling allowwance and allowance in lieu of rent free quarters, need not be taken into account ".

(4) *Persons [illegible] to (free medical attendance)* —

The following persons are entitled to free medical attendance :—

(*a*) All Government servants under the rule making powers of the Government of Tamil Nadu subject to the conditions specified in these rules.

Note I.—Government servants are entitled to free medical attendance irrespective whether they are on duty or on leave any where in the State. The term leave should be taken to include the following kinds of leave also :—

(i) leave preparatory to retirement ;

(ii) refused leave taken immediately after the date of compulsory retirement or on the expiry of the extension [illegible]

(G.O. Ms. No. 1170, Health, dated 8th May 1962.)

NOTE 2.—The temporary Government servants who are on leave including extraordinary leave are eligible to the concession applicable to the permanent Government servants provided they would have continued in service but for their going on leave. The authorities sanctioning the medical concessions should satisfy themselves that the temporary Government servants in question would have continued in employment but for the absence on leave.

(G.O. No. 2696, Health dated 19th November 1970.)

NOTE 3.—All Government servants are required to produce identify cards in the following form while taking treatment in the Government Medical Institutions in Tamil Nadu. The identity card should be attested by the Pay drawing/disbursing officers in the case of all Government Servants of Groups C and D and the Government servants of Group B whose maximum in the time scales of pay is Rs. 1,000 and less ; by the Heads of offices in the case of all other self-drawing officers working under their control ; by the next superior officer in the case of Heads of offices ; and by the Deputy Secretary to Government in the concerned Administrative Departments of the Secretariat in the case of Heads of Departments.

ANNEXURE.

2. The identity cards shall be issued to the All India Service Officers in column (1) by the Officers mentioned in column (2) below :-

(i) I.A.S. Officers	Chief Secretary to Government.
(ii) I.P.S. Officers	Commissioner and Secretary to Government, Home Department.
(iii) I.F.S. Officers	Commissioner and Secretary to Government, Forest and Fisheries Department.

(Govt. Letter No. 61479/T1/79-5, Health, dated 3rd November 1979.)

Proforma for identity card.

NAME.
Designation.
Name of Office.
Date of birth.
Date of entry into Government Service.
Date when due to retire.
Residential address.
Married or single.
Specimen signature of Government servant—

(1)
(2)
(3)

Emoluments. (1)	At the time of issue. (2)	Subsequent changes. (3)
Pay.		
D.A.		
H.R.A.		
C.C.A.		
Special Pay		
Total.. ..		

Particulars of family members -

Name. (1)	Age. (2)	Identification Marks. (3)
1. Wife/Husband.		
2. Sons—		
(1)		
(2)		
(3)		
3. Daughters—		
(1)		
(2)		
(3)		
[illegible]		
5. Mother.		
6. Sister Unmarried/Widowed.		

CERTIFICATE.

Certified that the particulars furnished in pages 1 to 3 are true and that my family consisting of.................................. members as per details given on pages 3 are residing with and are wholly dependant on me.

Date.

Signature of Government Servant.

Attested

Signature of Issuing Authority.

Date stamp and scale of the issuing authority.

Designation :

Office :

Date and year of renewal.

Date on which renewal expires.

Signature and designation of the competent authority.

Seal of the competent authority.

INSTRUCTIONS.

Pages 6 to 8 and this inner side of the flap may be used for ;

(1) Incorporating additions/alterations of particulars whenever necessary and getting attestation.

(2) To get attestation of the new head of office, whenever the Government Servant is transferred to a new office. (Date seal of new office should be affixed.)

NOTE 1.—The identity certificate should be renewed annually.

NOTE 2.—Duplicate identity card can be issued by the Officer after satisfying the bonafide of the loss of the card and on payment of a fee of one rupee.

NOTE 3—The identity cards produced by the Government servants in the Government Medical Institutions have to be verified by a Government servant of Groups A and B of the Government Medical Institutions concerned.

1. G.O. Ms. No. 697, Health, dated 15th April 1969.)
2. Government Memo. No. 33490/H 9/70-1, Health, dated 8th May 1970.)
3. G.O. Ms. No. 451, Health and Family Welfare, dated 8th March 1978.)

(*b*) Employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and Rural Medical Practitioners irrespective of their income.

(G.O. Ms. No. 2628, Health, dated 13th August 1952,
G.O. No. 1914, Health, dated 20th May 1953,
G.O. No. 3399, Health, dated 16th November 1953.)

NOTE.—(i) For the purpose of the income limit of Rs. 300 the Dearness Allowance, House Rent Allowance Hill Allowance, Ration Allowance and other Compensatory Allowances except Conveyance allowance and allowance in lieu of free quarters should be taken into account.

(G.O. No. 276, Health, dated 17th February 1969.)

NOTE.—(ii) The employees of local bodies of drawing salaries not exceeding Rs. 300 per mensem are entitled to free medical attendance irrespective of whether they are on duty or on leave anywhere in the State. The term "Leave" should be taken to include the following kinds of leave also.

(i) leave preparatory to retirement.

(ii) refused leave taken immediately after the date of compulsory retirement or on expiry of the extension of service or the term of re-employment.

(G.O. Ms. No. 1170, Health, dated 8th May 1962.)

NOTE—(iii) The term "employes of local bodies" referred to in sub-rule(b) above should be taken to include employees of Panchayat Union Councils also.

(Government Memorandum No. 92705-E5/62-4, Rural Development and Local Administration Department, dated 24th August 1962.)

(*c*) Families of Government servants under the rule making powers of the Government of Tamil Nadu families of Rural Medical Practitioners irrespective of their income and families of employees of local bodies drawing salaries not exceeding Rs. 300 per month to the extent specified below :—

Medical attendance and treatment free of charge at hospital or Pathological Bacteriological or Bio-chemical laboratories in Government Medical Institutions on the scale and conditions allowed to the Government servant himself in each case. This concession does not include Medical attendance or treatment or examination of specimens other than at a hospital or Pathological, Bacteriological or Bio-chemical Laboratories in Government Medical Institutions at which the Government servant himself is entitled to treatment free of charges.

(G. O. Ms. No. 720, Public Health, dated 11th March 1946.)
(G. O. Ms. No. 3399, Health, dated 16th September 1953.)

NOTE.—The members of the families of the Government Servants and the entitled personnel will be eligible for the medical concessions to the extent admissible to them whether they are not at the duty station of the officer or at other places within the State.

(G. O. Ms. No. 1131, Health, dated 5th April 1957.)
(G. O. Ms. No. 3553, Health, dated 4th December 1957.)

(*d*) Officers of the Hindu Kushi Nivasan Sangh working in Government Medical Institutions Honorary Medical Officers, House Surgeons and House Physicians employed in Government Hospitals in the State of Tamil Nadu and Students in Government Medical Colleges in the State of Tamil Nadu Nurse pupils Maternity Assistants undergoing training in Government hospitals pupils Physiotherapists and gramasevaks trainees in this State (*See* also rule 16).

(G. O. Ms. No. 1464, Public Health, dated 28th June 1943,
(G. O. Ms. No. 3205, Public Health (Rural Development) Panchayat, dated 31stOctober 1958 and
(G. O. Ms. No. 2193, Health, dated 14th December 1978).

NOTE.—(1) Students in Medical College include the students undergoing course such as B.Sc., and D.P.H. and the student Kilpauk Medical College, Madras besides those undergoing M.B.B.S. Course.

(G. O. Ms. No. 2053, Health, dated 29th May 1953.)
(G. O. Ms. No. 2240, Health, dated 18th July 1958.)

Nobc.—(1) Students in Medical College include the students undergoing course such as B.Sc., (Pharmah in D.S.S.Sanitary Inspector's Course Diploma in Pharmacy (Drugs gists and Chemists) B.Sc., and D.P.H., and tel student of Kilpauk Medical College, Madras besides those undergoing M.B.B.S. Course.

(G. O. Ms. No. 2053, Health, dated 29th May 1953.)
(G. O. Ms. No. 2240, Health, dated 18th July 1958.)

(2) Law Officers in the City of Madras and Muffassals viz., Advocate-General State Prosecutor, State Course Government Pleader, Public Prosecutor, Presidents, Chirman and Members of Local Bodies,Universities, Reserve Bank of India and Currency Office are not entitled to free medical attendants.

(G. O. Ms. No. 4733, Revenue, dated 31st December 1956 and
G. O. Ms. No. 2080, Health, dated 23rd June 1959.)

(3) All officers and servants of local bodies including Teachers both in the Panchayat Side and Municipal Side will be eligible for all the medical concessions that are being emjoyed by the Government Servants as the State Government Hospital inclusive of medical attendance irrespective of their income. The cost will be recovered only in the case of local body employees drwaing a salary exceding Rs. 300 p.m. from the local bodies under whom they are employees. The following procedure will be adopted in regard to te recovery of the cost of medical treatment and medical attendance.

(1) These Officers should be treated as though they are non-officials members of public for purpose of calculating the hospital stoppages and other treatment charges.

(2) The charges for the treatment of these officers need not be collected directly from them

(3) The bills of charges inclusive of cost of medical attendance and other charges including the cost of special and expensive drugs purchased from the open market and diet charges shall be prepared in the hospitals concerned soon after the completion of treatment and forward ed to the respective local body authorities including the Corporation of Madras.

(4) The local body authorities concerned shall pay the entire charges within a period not xceeding 30 days from the date of receipt of the demand. The procedure mentioned in paragraphs (3) and (4) above shall be followed in respect of the families of the officer and servant of local bodies referred to.

G. O. Ms. No. 2060, Rural Development and Local Administration Department, dated 24th December 1977.
G. O. Ms. No. 573, Rural Development and Local Administratiin Department, dated 12th April 1978.
G. O. Ms. No. 753, Rural Development and Local Administratin Department, dated 5th July 1979).

4. These concessions will apply to the families of the officers and servants of local bodies referred to, to the same extent as are admissible to the families of State Government Gazetted Servants and the cost of the concession should be recovered n the manner laid down in paragraph (3) above.

(G.O. Ms. No. 1325, Local Administration, dated 17th June 1953,
G.O. No. 2456, Health, dated 8th August 1958, and
G.O. No. 1020, Health, dated 7th April 1960.)

NOTE.—(4) The Health Visitor Trainees undergoing training in the Government School for Health Visitors are eligible for the same Medical concessions as are allowed to the Nurse pupils.

(G.O. Ms. No. 2826, Health, dated 17th September 1958.)

(*e*) "Persons appointed under emergency provisions in the posts carrying a fixed pay or time scales of pay are eligible for the medical concessions only so long as they continue in service during the period of their treatment in Government Medical Institutions.

The temporary Government Servants who are on leave including extraordinary leave are eligible to the concessions applicable to the permanent Government Servants provided they would have continued in service but for their going on leave. The authorities sanctioning the medical concessions should satisfy themselves that the temporary Government servants would have continued in employment but for the absence on leave. The family members of the temporary Government Servants and not entitled for free medical attendance or treatment.

NOTE.—Casual and daily paid workers are not eligible.

(1) G.O. Ms. No. 3238, Health, dated 10th November 1956.
(2) G.O. Ms. No. 2696, Health, dated 19th November 1970.
(3) Govt. Memo. No. 56737/H 9/73-2, Health, dated 19th July 1973.
(Govt. Letter No. 20810/T 1/80-6, Health, dated 16th August 1980.)
(Letter No. 26228/OSD (3)/80, dated 13th March 1980.)

(*f*) Retired and re-employed pensioners (Gazetted and Non-Gazetted).

(Government Memorandum No. 2694/53-2/H 3, dated 11th February 1953.)

(*g*) All Government servants under the rule making powers of the Government of Tamil Nadu and the employees of local bodies drawing not exceeding Rs. 300 per mensem under suspension ".

(Government Memorandum No. 49335/HB/62-4, Health, dated 19th September 1962).

(*h*) Employees of the Pasteur Institute ,Coonoor when admitted for treatment in Government Medical Institutions in the State, will be exempted from the payment of charges towards medical advice, during accommodation, diet, X-ray, treatment. Operation and confinement. The drugs which are not available in the hospital and which are prescribed by the Medicla Officer should be purchased by the employees at their own cost.

(G.O. Ms. No. 3518, Health, dated 18th November 1955.)

(*i*) The staff employed in the Office of the State Social Welfare Advisory Board, Madras and the Welfare extension Project in the district drawing a salary not exceeding Rs. 300 per mensem and their families will be given the same privileges in respect of medical attendance, treatment and accommodation including the diet charges and administration of special and expansivedrugs, as are allowed to the employees of local bodies drawing a salary not exceeding Rs. 300 perper mensem.

(G.O. Ms. No. 691, Public (Rural Development Panchayat), dated 3rd March 1958.)

(*j*) The Village Officers and servants, except those employed in the Madras City and the transferred territories (Kanyakumari District and Shencotah Taluk of Tirunelveli District) will be given the same medical concession as are applicable to the Non-Gazetted Officers. The Village Officers working in the Madras City and in the transferred territories are regular Government servant and are eligible for the medical concessions as other Non-Gazetted Officers.

(G.O. Ms. No. 4732, Revenue, dated 31st December 1956.)
(G.O. Ms. No. 2080, Health, dated 23rd June 1959.)

(*k*) The Stamping Smiths including the Head Tester in the Taluk Offices and their families will be allowed the same medical concessions as are applicable to the Non-Gazetted Officers.

(G.O. Ms. No. 3643, Industries, Labour and Co-operation dated 23 d July 1960 and
(G.O. No. 2493, Health, dated 3rd October 1960).

(*l*) Menials in the service of both the Government and the local bodies, who are paid from contingencies on monthly basis ;

(G.O. Ms. No. 2624, Health, dated 11th July 1953 and
Government Memorandum No. 22040/H 8/59-4, Health, dated 13th June 1959).

(*m*) The work charged establishment of all departments and members of their families.

(Government Memorandum No. 159076/H 8/59-4, Health, dated 26th April 1960.)

(*n*) The in-mates of the Government Sri Sadana, Madras.

(Government Memorandum No. 49335/H 8/62-4, Health, dated 19th September 1962.)

(*o*) The Executive Officers of the religious and Charitable Institutions under the Hindu Religious and Charitable Endowments (Administration) Department will be treated as though they are non-Gazetted Officers for purposes of medical concessions at State Government Hospital inclusive of medical attendance. The following procedure should be adopted for the re-imbursement of the cost of concessions to the Executive Officers :—

(i) The Executive Officers shoud pay the hospital stoppages, charges for X-Ray, Radiological examination, treatment, etc., at the rates prescribed for the members of the general public in the first instance and claim re-imbursement of medical expenses to the extent admissible to them from the Assistant Commissioner, Hindu Religious and Charitable Endowments (Administration) Department concerned.

(ii) At the end of treatment, the Medical Officer in-charge or the Authorised Medical Attendant shall give a certificate showing the charges payable by the officers towards the cost of medical attendance, diet charges, cost of special and expensive drugs and other charges, etc., and also the essentiality certificate in respect of expensive drugs purchased in open market. If an Executive Officer has to remain as in-patient in a Tuberculosis Sanatorium, for a long time, the Medical Officer in-charge should give a certificate showing the charges payable referred to above then and there for the period up to which the Executive Officer, clears the dues and is not in arrears.

(iii) On production of the above certificates and also the vouchers for the expensive drugs, if any, purchased in the open market, the charges specified therein will be reimbursed to the Executive Officer by the Assistant Commissioner concerned.

(G.O. Ms. No. 4591, Revenue, dated 14th December 1962)
(Government Memorandum No. 30926/D 1/63-6, Revenue, dated 21st September 1963.)

(*p*) (i) The Government servants on deputation to the Madras State Sangitha Nataka Sangham on foreign service terms and members of their families will be allowed the medical concessions admissible to them but for their deputation to the Madras State Sangitha Nataka Sangham.

(ii) The other employees of the Madras State Sangitha Nataka Sangham including the Secretary of the Sangham and members of their families will be allowed the medical concessions as admissible to the employees of the local bodies.

(G.O. Ms. No. 135, Education, dated 12th February 1965 and
G.O. Ms. No. 842, Health, dated 13th May 1966.)

(*q*) The Central Secretary and the members of the staff (Clerks, Typists and Peons) employed in the Office of the State Sports Councils, Madras and the staff (Clerk, Typist, Steno-typist, Accountant, Coachers and Markers) employed in the Office of the District Sports Councils, shall be allowed the same medical concessions as are applicable to Government servants.

(G.O. Ms. No. 2348, Health, dated 7th October 1970.)

(*r*) The staff working in the Sub-Treasury, Neyveli may take treatment for themselves and to their family members in the hospitals run by the N.L.C. Limited. The bills of hospital stoppages should be submitted to the Sub-Treasury Officer, Neyveli by the N.L.C. for necessary action. The Medical Officer of the N.L.C. Hospitals is also authorised to issue certificates recommending leave, etc., whenever necessary to the persons working in the Sub-Treasury, Neyveli.

(G.O. Ms. No. 626, Finance (TA) Department, dated 22nd April 1971.)

(*s*) All Government pensioners drawing compensation pension, invalid pension, superannuation pension and retiring pension are eligible to the same medical concession as they were entitled to at the time of retirement from Government Service.

(G.O. Ms. No. 1629, Health, dated 22nd June 1971.)

(*t*) (i) The teachers and non-teaching staff in the Aided Schools and their family members are entitled to have free medical assistance in Government Hospitals and Dispensaries. They are not entitled to reimburse the expenditure incurred on the purchase of drugs, etc. from Government funds.

(ii) The following Identity certificate obtained from the Correspondent or Manager of the Aided School concerned should be produced while taking treatment in the Government Medical Institutions.

NAME OF THE SCHOOL :

Certified that Thiru/Thirumathi/Selvi.. whose particulars are given below is employed in the.. ....School and that he/she is eligible for the concessions extended in G.O. Ms. No. 751, Education, dated 15th May 1970/G.O. Ms. No. 1194, Education, dated 12th July 1971.

1. Name :
2. Designation :
3. Details of salary drawn by him/her :

(a) Pay : Rs.
(b) Dearness Allowance : Rs.
(c) Other allowance (if any) : Rs.

Date :

Station : *Signature.*

(G.O. Ms. No. 751, Education, dated 15th May 1970 and
G.O. Ms. No. 1194, Education, dated 12th July 1971.)

(*u*) The employees of the Tamil Nadu Electricitty Board/Tamil Nadu Housing Board/ Tamil Nadu Small Industrial Corporation Limited/Tamil Nadu Agro Industries Corporation Limited/excluding those covered by the ESI scheme are entitled to have the medical attendance and treatment as applicable to State Government Servants subject to the following conditions :

(i) That the Board/Corporation should pay annually to the Government a lump-sum contribution to be fixed by Government towards the cost of such treatment in Government Medical Institutions ; and

(ii) That the Board/Corporation should also meet from its own funds all reimbursement claims of its employees towards the purchase of costly medicines and treatment in private hospitals and dispensaries.

(G.O. Ms. No. 729, Health, dated 2nd April 1964.
G.O. Ms. No. 1931, Health, dated 25th August 1964,
G.O. Ms. No. 487, Health, dated 13th March 1969 and
G.O. Ms. No. 2004, Health, dated 28th October 1969).

(*v*) The Norwegian exports attached to Indo-Norwegian Projects, Mandapam residing at Mandapam are entitled to have free medical attendance.

(Government Memo. No. 35765/H 9/69-13, Health, dated 24th March 1970.)

(w) (i) The dependents of Government Servent who die while in service shall be eligible to the same medical concessions as they were entitled to at the time of death of the Government Servant who was the head of the family till they become earning members in the case of male dependents and till they become earning members or till they get married in the case of female dependents or till such period as the deceased would have reached the age of superannuation whichever is earlier.

(ii) They shall also be eligible for the reimbursement of the cost of any special and expensive drugs purchased by them in connection with their treatment at the instance of the authorised medical attendants or other entitled medical officers in-charge of the cases at the Government Hospitals subject to the conditions laid down in these rules in this regard. The Pay and Accounts Officers/Treasury Officers, as the case may be, are authorised to sanction re-imbursement of medical expenses incurred by these dependents by accepting relevant applications prescribed for the purpose in the above said rules after careful scrutiny of the claims. The payment shall be made at the Pay and Accounts Office/Treasuries where the family pension is paid.

(iii) The wife/husband or one of the family members to be included in the Family Identity Card shall apply in the form set out in Annexure I to this sub-rule for issuing Family Identity Card to the dependents of the Government Servants who had died while in service to the Pay Disbursing Officer under whom the deceased Government servant last served at the time of his death, in the case of Government servants of Groups C and D and to the Head of Department/Government in the case of Government Servants of Groups A and B. The Pay disbursing Officer/Head of Department/Government shall verify the particulars available in the above application with the particulars available in the Service Register of the deceased Government servant concerned and then issue a new family identity card in the Form set out in Annexure II to this sub-rule to the applicant at the Government cost specifying the date upto the normal date of retirement of the

Government Servant but for his death, for taking free treatment in Government Medical Institutions. If the above issuing authority considers it absolutely necessary, he may ask the applicant to produce a group photograph of the dependents of the deceased Government Servant taken at their cost and affix in the space intended for photo while handing over the Family Identity Card to the applicant. The annual verification or renewal of the family identity card shall be done by the Pay and Accounts Officers/Treasury Officers whoever the case may be.

APPLICATION FOR ISSUING FAMILY IDENTIFICATION CARD OF GOVERNMENT SERVANTS INCLUDING GOVERNMENT SERVANTS OF GROUPS A AND B WHO DIED WHILE IN SERVICE FOR FREE TREATMENT.

1. Name of the Deceased Government Servant.
2. Office in which he/she was serving at the time of his/her death.
3. Date of birth .. ..
4. Date of death .. ..
5. Age of deceased Government Servant at the time of death and date of his normal superannuation.
6. Deceased Government Servant's address ..
7. Name of the Family Members to whom the Family Identification Card is to be issued.
8. His/her address .. ..
9. Three specimen signature/left thumb impression of the applicant attested by a Government Servant of Groups A and B.
10. In the case of death of the applicant, the name or the names of persons to whom the card should be transferred.
11. Particulars of family members of the deceased Government Servant :—

	Name.	Age.	Identificaation marks.
1. Wife/Husband			
2. Son	1. 2. 3.		
3. Daughter	1. 2. 3.		
4. Father			
5. Mother			
6. Unmarried Sister			

12. Space for affixing a copy of post card size photo of the family members.

Certified that the particulars furnished above are true to the best of my knowledge and belief.

Place :

Signature.

Date :

(PAGE 1)

FAMILY IDENTITY CARD VALID UPTO.................. .. ..

1. Name of the Deceased Government servant
2. Designation at the time of death .. ..
3. Name of the Office in which he served at death.
4. Date of birth .. ..
5. Date of death .. ..
6. Date of his normal retirement but for death.
7. Total emoluments drawn by the Government Servant at the time of his death.

(PAGE 2)

1. Name of the person holding the Famlly Identity Card.
2. His/Her age .. ..
3. Relationship with the deceased Government Servant.
4. Residential address .. ..
5. Specimen Signature or the left hand thumb impression of the Family Identity Card holder.
6. His/Her identification mark .. .. ..
7. Names of the nominees to whom the family identity card has to be changed in case of death of the family identity card holder.

(PAGE 3)

(Particulars of Family members of Deceased Government Servant).

	Name.	Age.	Identification mark.
1. Wife/Husband			
2. Son	1.		
	2.		
	3.		
3. Daughter	1.		
	2.		
	3.		
4. Father			
5. Mother			
6. Unmarried sister			

(PAGE 4)

Certified that the particulars furnished on pages 1 to 3 are true and the family of.......... ....(Name of the deceased Government Servant) is consisting of..members as per the details given on page 3 and were wholly dependent on the deceased Government servant.

Date :

Signature or left hand thumb impression of the Family Identity Card Holder.

(Attested.)

Date Stamp and Seal of the issuing authority.

Signature of issuing authority :

Designation :

Office :

(PAGE 5)

ANNUAL VERIFICATION.

Date of Verification :

Signature and designation of the Verifying Officer :

Seal of the Verifying Officer :

(Pages 6 to 8—three blank Pages)

For incorporating additions, alterations and particulars whenever necessary and to note change of residential address, etc.

(G.O. Ms. No. 535, Health, dated 8th March 1972.)

5. (*a*) The rulers of the merged States and their families will be treated as on a par with the members of the Secretary of State's Services for purposes of free medical attendance and treatment and the provisions of the Secretary of State's Services (Medical Attendance) Rules, 1938, except those relating to travelling allowances and the reimbursement of any cost incurred in respect of the medical services obtained by them will apply to them.

(G.O. No. 3546, Health, dated 13th October 1950.)

(*b*) The personal staff of the rulers of the merged States and their families will be given the same privilege in respect of medical attendance, treatment and accommodation as are allowed to Government Servants under the rule-making powers of the Government.

(G.O. Ms. No. 3546, Health, dated 13th October 1950 and
G.O. Ms. No. 3533, Health, dated 12th December 1956.)

6. Disabled personnel from the Defence Services will be given free treatment including diet and specialized treatment in the general wards of Government Hospitals irrespective of their income.

NOTE.—If any such persons are admitted in A, B or C class wards or in other special wards, the usual charges should be levied but the Government will be prepared to consider the grant of concessions in individual cases on the recommendation of the Director of Health Services and Family Planning/Director of Medical Education, Madras.

(Govt. Memo. No. 14165-H 9/68-18, dated 1st July 1970.)

7. *Arrangements for free Medical Attendance.*—(*a*) City of Madras—In the City of Madras where the duty of attending on public servants would bear very heavily on medical officers and where suitable accommodation is available on payment of very moderate charges in the Government Hospitals, Government Servants should avail themselves of these facilities and those who decline to do so will make their own arrangement for medical attendance.

(*b*) *In District beyond the City of Madras.*—(1) All Government servants in districts beyond the City of Madras who are in receipt of income amounting to one hundred rupees and upwards, are entitled to the attendance of the medical officer of the station or district at their own houses in cases of illness such as to prevent their consulting the medical officer at his house.

(2) There will be cases of not infrequent occurrence in which it will be proper for the medical officer to visit at their own houses, Government Servants in receipt of salaries under rupees one hundred. The Government trust to the good sense and feeling of the medical profession in preference to laying down any precise rules for such cases.

(3) It should be distinctly understood that medical officer will not be expected to attend Government Servants in their own houses unless the patient is unable to wait upon the medical officer either at his house or at such place and time as, having the consideration for the position of the Government Servant and circumstances of the case, may be appointed for the purpose. This is subject to the provision in clause (*c*) (i) of this rule.

(4) In any station where there may be an Assistant Surgeon and where there may not be proper hospital accommodation, the duty of such officer should be to attend to their own residence the upper subordinate grades of Government Servants, including Junior Assistants whose appointments are not Gazetted, the latter paying conveyance hire, should they reside more than two miles from the official residence of the medical attendant. If the distance is such as to entitle the medical attendant to travelling allowance, the amount is payable by the Government, should the case be reported as serious the Civil Surgeon will visit the patient.

(5) Civil Officers residing at St. Thomas Mount or in the immediate vicinity thereof are entitled to free medical attendance from one of the Military Medical Officers stationed at the Government at that place, who should be appointed by the Military authorities to perform the duties of the staff surgeon as a local arrangement as required by paragraphs 90 to 252 of the Regulations for the Medical Services of the Army in India.

(6) The Medical Officers employed in the following classes of Institutions should render free medical attendance to Government Servants at the stations, where there are no Government Medical Institutions—

(i) Panchayat Union and Municipal Medical Institutions in respect of which percentage contribution is given towards the pay of Medical Officers employed therein.

(ii) Panchayat Unions and Municipal Medical Institutions in respect of which the Government meet one-half of the annual maintenance charges.

(iii) Panchayat Unions and Municipal Taluk Headquarters Medical Institutions in respect of which the Government meet the entire or a portion of the salaries of Government Medical Officers employed in them.

All requisitions by heads of departments or officers to Panchayat Union and Municipal Medical Officers for medical certificates, etc., in respect of Government Servants should be forwarded through the District Medical Officer concerned. Government servants treated in the Panchayat Union and Municipal Medical Institutions should pay such medical, surgical and nursing charges as are ordinarily realised by the institutions from patients but such charges will be reimbursed to them.

(i) The Government servants and other personnel entitled to medical concessions including the members of their families may receive medical attendance and/or treatment from a Government doctor than the Authorised Medical Attendant even if the latter is available provided the other medical officer is either of equivalent rank or immediately junior in tank to the Authorised Medical Attendant and is attached to a Government Medical Institution in the Station

(G.O. Ms. No. 2, Health, dated 4th January 1968.
Govt. Memo. No. 14165/H 9/68-18, Health, dated 1st July 1970.)

(c) General for Madras and Maffassal :—

(1) The Chairman and the Deputy Chairman of the Legislative Council and the Speaker and the Deputy Speaker of the Legislative Assembly and Parliamentary Secretary during the period of their employment as such, Government Servants holding gazetted appointments and those drawing an income of two hundred and fifty rupees and upwards are in all circumstances, entitled to gratuitous medical attendance for themselves at their own residence from the surgeon of the district or the civil Surgeon, as the case may be.

A member of the family of a non-gazetted Government Servant or of an employee of a local body drawing an income not exceeding Rs. 300 per mensem will be eligible for treatment at his residence subject to the same conditions as are applicable to the employee himself, viz—

(i) If his income exceeds Rs. 250 per mensem whether he is serving in the city or in the muffassal.

(ii) If he is serving in the muffussal with an income of Rs. 100 or more provided the patient is seriously ill.

The authorised medical attendant need, however, attend on the entitled patient at his residence only in cases of emergency or serious illness.

(G.O. No. 3152, Health, dated 7th October 1952.)
(G.O. No. 2223, Health, dated 11th June 1953).

NOTE.—The members of the families of the Gazetted Officers are entitled to take residential treatment when it is considered by the authorised medical attendant that removal of the patient to the hospital is dangerous or injurious to life.

(G. O. No. Ms 3583, Health, dated 27th November 1960.)
(G. O. Ms. No. 722, Health, dated 7th March 1920.)

(2) All medical officers are required to attend without delay, to a sick call in any case of emergency and having given such aid or advice as circumstances call for, they may transfer for the further treatment of the case to the proper medical attendant.

(3) The Director of Medical Services and Family Welfare or Director of Medical Education to depute another Medical Officer for the purpose of consultation. The travelling alllowance of the officer so deputed will be borne by Government. In selecting an Officer, the Director of Health Services and Family Planning or the Director of Medical Education will pay due regard a like to consideration of propinquity and to the interests of the patient.

(4) The Government do not undertake to provide officers with the services of a specialist except to the extent provided in rule 9.

(5) When an officer entitled to gratuitous medical attendance for himself or his family prefers to obtain the services of a medical officer other than his Authorised Government medical Attendant, or other than amedical officer or equivalent rank or immediately junior in rank to the Authorised Medical Attendant attached to the same institution as the authorised medical attendant, it will be considered a private arrangement with which Government will have nothing to do.

(G.O. Ms. No. 1803, Health, dated 25th May 1955.)

(6) Government Servants who are attended to at their residence or in the consulting room of the medical attendants are entitled to the free supply of medicines prescribed by their medical attendant, but they should make their own arrangements to obtain the medicines from the Government Medical Institutions to which the Medical attendant is attached.

(8) Medical attendance of the Indian Administrative and Police Services and the Tamil Nadu State Higher Judicial Officers—

Rule 7(c) will apply for purposes of Medical Attendance on Officers of the Indian Administrative and Police Services and their families and Officers of the Tamil Nadu State Higher Judicial Service and their families.

NOTE.—The officers of the Tamil Nadu State Higher Judicial Service will be treated on a par with the member of the Indian Administrative and Police Service.

(G.O. No. 474, Health, dated 13th February 1952.)

9. Consultation with Specialist or Colleagues in the case of Government Servants—

(*a*) If examination or treatment by a Specialist is considered necessary in the case of a Government Servant by his authorised medical attendant the later may arrange with the Specialist for an examination of the Government Servant in the hospital/or if that be not convenient in the specialist's private consulting room. The specialist will in his discretion, either treat the Government Servant himself or recommend a suitable line of treatment to the authorised medical attendant.

(*b*) A gazetted Officer may himself arrange with Specialist for an examination either in the hospital or in the Specialist's private consulting room by forwarding to him the opinion of his authorised Medical Attendant and it will be the duty of the specialist to reply fixing a suitable time or examination, either in the hospital or in the private consulting room.

(*c*) If any officer entitled to free medical attendance in his house is so ill that he cannot conveniently go to the Specialist consultation room,and if in the opinion of his authorised medica attendant consultation with the specialist is necessary it will be the duty of the Specialist if he lives in the same town, to examine the officer at his residence when summoned by the Authorised Medical Attendant.

(*d*) The Specialist will not leave his town to examine any Government Servant residing outside it; but any Government servant may consult the specialist who lives in the same town or outside it, if such consultation is considered necessary by the Authorised Medical Attendant of the Government Seravant.

(*e*) (i) Under no circumstances should a fee be levied by the specialist for the examination or treatment of a Government servant at the instance of his Authorised Medical Attendant.

(ii) If a Government servant consult a Medical Officer other than the one selected for attendance on him by the Government or other than the Specialist or the Colleague whom his own medical attendant has selected for consultation, or other than a medical officer of equivalent rank or immediately junior in rank to the Authorised Medical Attendant employed in the same institution as the Authorised Medical Attendant, he will be regarded as a private patient and the medical officer may levy a fee.

(*f*) Government servants who leave their town for consultation with the Specialist will no tbe entitled to any travelling allowance execept in cases in which travelling allowance is admissable under the rules.

(*g*) The procedure indicated above for consulting a Specialist will also be followed in the cases of consultation with the colleagues of the Authorised Medical Attendant.

10. *Special concession in regard to Medical treatment to persons entitled to free Medical attendance.*—(*a*) A person entitled to free medical attendance when admitted into a Government Hospital for treatment will be allowed free medical and surgical treatment and free Nursing as is normaly provided by the Hospital with its own staff, equipment and apparatus. He will also be entitled to X-ray examination, electrical and radium treatment and other special examinations of treatment free of charge, if facilities for such examinations treatment are available in the hospital and if his Authorised Medical Attendant recommends it. He will be supplied free of charge medicine, sera, vaccines, etc., which are ordinarily stocked in the hospital and which are required for his treatment irrespective of the cost of drugs. The procedure in regard to the recovery of reimbursement of cost in respect of special medicines supplied from hospital stock or purchased by the Government servant will be regulated by rule 29.

In addition to the above concessions, a non-Gazetted Government servant and his family and an employee of a local body drawing salary not exceeding Rs. 300 per mensem and his family will not be liable to pay charges for diet when admitted in a Government hospital for treatment.

(G.O. No. 2628, Health, dated 13th August 1952.)
(G.O. No. 3638, Health, dated 17th November 1952.)

NOTES.—(i) Persons entitled to free medical attendance admitted into any of the Government hospitals in the Madras City or the Government Tuberculosis Sanatorium, Tambaram shall be entitled to free X-ray examination and treatment, etc., in the Barnard Institute of Radiology, Madras.

(ii) In places where there are no facilities for Radiological examination in Government hospitals the non-Gazetted Officers and the employees of local Bodies drawing salaries not exceeding Rs. 300 per mensem and their families are permitted to have the Radiological examination done for them free of charge in the private clinics with whom arrangements have been made for the Radiological Examination of poor patients and medio-legal cases free of charges.

(G.O. No. 1845, Health, dated 6th June 1958.)

(*b*) All Tamil Nadu Government Servants including those in inferior service on duty or on leave, who receive injuries in connection with Civil disturbances and to whom the Tamil Nadu Medical Attendance Rules are applicable would in addition to the items included in sub-paragraph (a) above be entitled to the following supplies and services as part of the treatment to which they are entitled free of charge :—

(G.O. Ms. No. 828, Health, dated 30th April 1969.

(i) the supply of such medicine, vaccines sera or other therapeutic substances not ordinarily available in the hospital in which the Government servant is treated, as the Authorised Medical Attendant may certify in writing to be essential for the recovery or for the prevention of serious deterioration in the condition of the Government servant; and

(ii) Such special nursing as the Authorised Medical Attendant may certify in writting to be essential for recovery of for the prevention of serious deterioration in the condition of the Government servant.

NOTE.—As it may, in actual practice, be difficult for a Government servant to prove that he was attaked and injured because, he was a Government servant, it should be assumed, unless the facts of a case give a clear indication to the contrary, that the Government servant on leave was attacked and injured because of his being a Government servant.

(G.O. No. 58, Public Health, dated 6th January 1945.)

(*c*) In places where there are no Government hospitals but where there are Panchayat Union or private hospitals or dispensaries (modern medicine or Indian) the state Gazetted Officers, the Non-Gazetted Officers and those employees of the local bodies who draw salaries not exceeding Rs.300 per mensem and their families may take treatment straightaway in such institutions. The expenditure incurred by them in that connection including the cost of special and expensive drugs purchased by them on the prescription of the doctor in-charge of Panchayat Union medical institution, be reimbursed subject to the production of relevant vouchers, and subject to the scrutiny of the relative bills by the authorised medical attendant in respect of treatment undergone in Institutions of modern medicine. At a time, treatment can be taken either under modern medicine or any of the Indian systems of medicines and treatment should not be taken simultaneously under both the modern and Indian systems or under two systems coming under Indian system of medicines.

(G.O. Ms. No. 2596, Health, dated 4th November 1970.)

NOTE.—(*i*) *The term* "Private Hospitals or dispensaries" occurring in the above sub-paragraph includes also hospitals or dispensaries run by private medical practitioners. If the treatment is undergone in aprivate hospital or dispensariy run by a Medical Practitioner the expenditure will be reimbursed and subject to the production of relevant vouchers and subject to the scrutiny of relevant bills by the District Medical Officer concerned expenditure incurred was necessary.

(G.O. Ms. No. 334, Health, dated 31st January 1956.
G.O. Ms. No. 521, Health, dated 14th February 1958.
G.O. Ms. No. 2928, Health, dated 27th September 1958.
G.O. No. 2352, Health, dated 20th July 1959.)

If a patient is asked by the Authorised Medical Attendant in an emergency, for reasons to be recorded in writting, indicating clearly the reasons therefor to take treatment in a private hospital owing to lack of facilities in any Government Hospitals and Institutions then the claim for reimbursement of expenses incurred in respect of such treatment will be allowed so as to cover the expenditure actually incurred in a private hospital on medicine and other hospital charges except diet.

(G.O. Ms. No. 1472, Health, dated 22nd June 1977.)

NOTE.—(ii) The non-Gazetted Officers and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families are eligible for treatment in the Infectious Diseases Hospital, Tondiarpet, Madras The expenditure incurred by them in that connection including the cost of special and expensive drugs purchased by them on the prescription of the Medical Officer in-charge of the case in the hospital will be reimbursed subject to the production of the relevant vouchers and the scrutiny of the relative bills by the authorised medical attendant.

(G.O. Ms. No. 1882, Health, dated 24th June 1957.)
(G.O. Ms. No. 2913, Health, dated 27th September 1957.)

NOTE.—(iii) Non-Gazetted Officers and employees of local bodies drawing salaries not exceeding Rs. 300 permensem in the Madras City are permitted to take treatment for their families in the Maternity and Child Welfare Centres of the Corporation of Madras only in emergencies and get reimbursement of expenses incurred by them, duly producing a certificate obtained from the authorised medical attendant concerned to the effect that there was real emergency for the patients to have gone to the Maternity and Child Welfare Centre of the Corporation of Madras.

(G.O. Ms. No. 2760, Health, dated 10th September 1957.)
(G.O. Ms. No. 3489, Health, dated 29th November 1957.)
(G.O. Ms. No. 2204, Health, dated 11th September 1963.)

NOTE.—(iv) The term "expenditure" mentioned above should be taken to include all the charges such as diet, medical advice nursing accommodation X-ray examination, operation, blood radium treatment, electric therapy, cost of drugs etc, paid to Panchayat Union or private medical institutions. The diet charges should however, be borne by the Gazetted Officers and their families as they are not eligible for free supply of diet in Government Medical Institutions.

(G.O. Ms. No. 2313, Health, dated 19th October 1962.)

(*d*) The Government Servants and the employees of local bodies drawing salaries not exceedings Rs. 300 per mensem and their families should resort to treatment from private doctors running dispensaries or hospitals or in private medical institutions in place where there are Government Hospitals, only when the delay involved in the removal of the patient to the consulting room of the authorised medical attendant or to the nearest Government Hospital entails danger to the health of the patient and not on all occasions. In such cases the entitled personnel should inform the authorised medical attendants at the earliest opportunity of the fact of having resorted to treatment by private doctors running dispensaries or hospitals or in private medical institution and should remove the patient to the nearest Government medical Institutions as soon as the emergency is over. The claims for the reimbursement of medical expenses in such cases by the entitled personnel on behalf of themselves or of the members of their families should be submitted to the Government for their sanction duly supported by a certificate from the Medical Officer in-charge of the case to the effect that the condition of the patient was so serious that removal of the patient to the authorised medical attendant or the nearest Government Hospital/who which is stationed/ located far away from the private doctor running dispensary or hospital from whom the patient underwent treatment would have entailed danger to health of the patient, and the bills, etc., being duly scrutinished by the authorised medical attendant concerned and certificate that the amount claimed was reasonable and the expenditure incurred was necessary and that there was real emergency for the patient to have gone for treatment to the private hospital or private dispensary or private medical practitioner as the case may be.

(G.O. Ms. No. 1244, Health, dated 16th May 1961.)
(Memo. No. 69486/H2/61-2, Health, dated 1st September 1961.)
(Memo. No. 98532/H2/61-2 Health, dated 31st November 1961.)
(G.O. Ms. No. 2204/Health, dated 11th September 1963.)

(*e*) In places where there are no Government or Non-Government Medical Institution, Non-Gazetted Officers and the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families who require specialist treatment, for dental and eye troubles, etc., may avail themselves of the services of the nearest private specialist in emergencies, straightaway, if the private doctor at the place is not a specialist to afford the necessary treatment for such ailments. In places where there are Government or Non-Government Medical Institutions but whetherthere are no specialist for offording treatment for dental and eye, etc., ailments, the entitled persons and their families may take treatment from the nearest private specialist in emergencies only on the advice of the Authorised Medical Attendant or the Medical Officer in charge of the Government or Non-Government Medical Institutions. The expenditure incurred by them in that connection will be reimbursed to them subject to the production of the relevant vouchers and subject also to the scrutiny of the relevant bills by the District Medical Officer concerned and to his certifying that

the amount claimed is reasonable and the expenditure incurred was necessary. In non-emergent cases, the entitled persons should seek treatment only from the specialist attached to the nearest Government Medical Institutions.

(G.O. Ms. No. 3299, Health, dated 13th March 1957.)
(G.O. Ms. No. 5202, Health, dated 18th March 1958.)

NOTE.—(1) Notwithstanding the provision of the above sub-paragraph, the Medical expenses incurred by the persons entitled to free medical treatment at the Christian Medical College Hospital, Vellore, and other similar institutions will not be reimbursed to them if taken without the advice of the concerned Authorised Medical Attendant.

(G.O. Ps. 2337, Health, dated 23rd October 1962.)

NOTE.—(2) The concerned Authorised Medical Attendants or the cancer institute of the Government General Hospital, Madras should be invariably consulted in the first instance before the patient is admitted in the Cancer Institute, Adyar for cobalt treatment.

(Government Memo. No. 123659-H5/66-1, Public Health, dated 8th May 1967.)

(*f*) The following procedure is prescribed for getting reimbursement of cost of medicines purchased by the entitled persons including State Gazetted Officers when treatment is taken under the Indian system of medicine either in institutions (Panchayat Union or private) or under private doctors:

The bills relating to the modern medicine, if any, prescribed by the Medical Officer in private or Panchayat Union institutions or by the private practitioner will be scrutinised by the authorised medical attendant of the entitled persons in cases where the treatment was received in a Panchayat Union or private institution of Indian medicine, and by the District Medical Officer concerned, in cases where the treatment was received from a private practitioner of Indian medicine. The bills relating to the indian medicine will be scrutinised by the Medical Officer or officers concerned of the three respective systems of medicine (Ayurveda, Sidha and Unani) employed in the Arignar Anna Hospital of Indian Medicine with the approval of the Director of Indian Medicines.

If the bills relate to both modern and Indian medicine they will first be scrutinised by the Authorised Medical Attendant, or the District Medical Officer, as the case may be, in regard to the modern medicine and then by Medical Officer or officers of the Arignar Anna Memorial Indian Medicine Hospital, Madras in respect of the Indian medicine.

(G.O. No. 2589, Health, 17th September 1954.)
(G.O. No. 820, Health, dated 12th March 1956.)
(Govt. Memo. No. 14165/H9/68-18, Health, dated 1st July 1971.)

(*g*) Rural Medical Practitioners should be classified as private registered medical practitioner and are permitted to charge fees for the services rendered by them and for the cost of medicines given by them to the non-gazetted officers and their families and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families other than those classified as poor in the agreement prescribed for exceeding by them. The following scales of fees are fixed for payment of the non-Gazetted Officers and the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families in connection with their treatment by private medical practitioner and Rural Medical Practitioners.

	RS.	
Consultation—		
First consultation	3	
Subsequent consultation	2	
Injection—		
Intravenous	2	
Intra muscular and subcutaneous	1	
Visits—		
First visit during day time	3	per visit
Subsequent visits	2	Do.
Visit during nights	5	Do.

Normally for a particular ailment of the entitled persons there should not be more than three to four consultations with or visits by the private medical practitioners or Rural Medical Practitioners on the entitled persons. Patients requiring more consultations or more frequent attendance should be advised to get themselves admitted in the nearest hospital for treatment.

(G.O. No. 1560, Health, dated 3rd May 1955.)
(G.O. No. 897, Health, dated 7th March 1956.)
(G.O. No. 2281, Health, dated 13th July 1955.)

(h) The Non-Gazetted Officers and their families and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families are permitted to take treatment at any of the private institutions noted below which are recognised as treatment centres for T. B. enabling them to get reimbursement of medical expenses incurred by them.

(i) The Ramalingam Tuberculosis Sanatorium, Perundurai, Coimbatore District.

(ii) The Coimbatore Tuberculosis Sanatorium, Peelamedu, Coimbatore District.

(iii) The Santhosham Memorial Tuberculosis Sanatorium, Santhoshapuram.

(iv) The Rajaji Tuberculosis Sanatorium, Tiruchirappalli

(v) The Mahatma Gandhi Memorial Tuberculosis Sanatorium, Sengipatti' Thanjavur District.

(vi) The Somanathapuram Sanatorium, Dwakathori Road Post, Ramanathapuram District.

This will be subject to the conditions.—

(1) that in the first instance the entitled person who has to undergo in-patient treatment for tuberculosis should produce before his authorised medical attendant a certificate of non-availability of bed granted by the head of the nearest Government Medical Institution where facilities for the treatment of tuberculosis exist who will then grant a certificate to the effect that the patient has not been able to get admission in a Government Medical Institution where facilities for the treatment of tuberculosis exist and that admission in a private Tuberculosis Sanatorium is considered necessary; and

(2) that the bills in respect of charges claimed by the institutions are counter checked by the District Medical Officer and the essentiality certificate obtained from the head of the Sanatorium is counter signed by the Authorised Medical Attendant.

(G.O. No. 1620, Health, dated 5th May 1955.)
(G. O. No. 769, Health, dated 29th February 1956.)
(G.O. No. 1322, Health, dated 26th April 1957.)
(G.O. No. 40. Health. dated 6th January 1958.)

(i) The heads of offices who are empowered to reimburse the medical expenses to the Non-Gazetted Officers and employees of local bodies drawing salary not exceeding Rs. 300 per mensem may grant advances in enable them to make advance paymenyt of hospital stoppages fixed by the Private Tuberculosis Sanatorium, authorities prior to the admission to themselves or the members of their families in such Sanatorium for treatment, subject to the following conditions :—

1. The advances would be admissible only in case where a Non-Gazetted Officer or a member of his family, or an employees of a local body drawing a salary not exceeding Rs. 300 per mensem or a member of his family is treated as in-patient in a recognised private Sanatorium in the State.

2. The application for an advance should be supported by a certificate given by the authorised medical attendant that admission in the private Sanatorium is necessary.

3. The amount of advance will in each case be limited to two months pay of the entitled person concerned or Rs. 200 whichever is less.

4. Not more than one advance should be granted for a particular course of treatment.

5. The amount of advance should be adjusted against subsequent claim for reimbursement of the expenditure admissible, under the Tamil Nadu Medical Attendance Rules and the balance, if any, recovered from the pay of the entitled person in two monthly instalments after the discharge of the patient from the sanatorium.

NOTE.—In cases requiring the prolonged treatment reimbursement of medical expenses may continue to be allowed to the entitled persons to the extent otherwise admissible under the rules and the advance already sanctioned in each case need not be adjusted for so long as a certificate from the head of the Sanatorium is produced to the effect that the patient is required to continue treatment and that the anticipated cost of further treatment will not be less than the amount of advance already granted to the patient. In case however, where the anticipated cost of further treatment as certified by the head of the Sanatorium falls short of the amount of advance, adjustment of the advance to the extent of the difference between the amount the advance and the anticipated, cost of further treatment may be effected from the reimbursement claim of the Officer.

6. In the case of temporary and non-permanent, personnel the grant of an advance would be subject to the production of a personal security bond (in the form prescribed below), duly executed by the applicant together with a permanent Government servant drawing a pay not less than that of the applicant as surety for the advance.

Form of personal Security Bond to be Executed by an officiating or temporary Government servant drawing an advance to meet initial expenditure for the treatment of tuberculosis in recognised Private Sanatoria along with a Permanent Government servant as surety.

Know all men by these presents that we.. ....of..........................and ....of....................................are held and firmly bound unto the Government of Tamil Nadu in the sum of Rupees.............................. to be paid to the Government of Tamil Nadu thereafter called the Government their successors or assigns or their certain attorney or attorneys) for which payment to be well and truly made we bind ourselves and each of our heirs, executors, administrators and legal representative firmly by these presents.

Whereas the first above bounden.. who at present holds the office of.. has applied to the Government for the grant to him of an advance of Rupees................ ....to meet the initial expenditure in connection with the treatment for tuberculosis at the..sanatorium and whereas the Government have agreed to sanction such advance upon the said ( ) as his surety entering into a bond in the above mentioned sum of Rupees..................... with such conditions as are hereunder written for the repayment by the said................. ....of the advance.

Now the above written bond is conditioned to be void in either of the cases following.—

(1) If the said...........................his heirs, executors, administrators or legal representatives shall from time to time and at all times hereinafter well and truly pay or cause to be paid to the Government all such sums of money shall from time to time become due and owing to the Government from the said..................................... in respect of the advance above mentioned as and when such sum of money shall respectively become due and payable.

(2) If the said.................. shall at any time or times hereinafter make a default in payment of any sum or sums of money as aforesaid and the said.......................... or his heirs, executors, administrators or less representatives shall within thespaceof one calendar month after receiving notice in writing of such default and of the amount thereof from the Government will and truly pay or cause to be paid to the Government the sum of money stated in the said notice to be and being the amount of the said default.

Otherwise it shall be in full force and effect.

Signed, sealed and delivered by the said (surety) in the presence of

Signed, sealed and delivered by the said (surety) in the presence of

(G.O. Ps. No. 296, Health, dated 31st January 1958.)
(G.O. Ps. No. 3907, Health, dated 22nd December 1958.)

10. (j) The expenditure on the grant of the advance should be classified as a final charge under the service head concerned. The primary responsibility for watching and effecting the recovery of the advance will rest with the sanctioning authorities. While the controlling officers should see that such advances are adjusted by submission of regular bills for amounts reimbursable by Government so far as possible before the close of the financial year.

10. (*k*) No payment of medical surgical and nursing charges will be made when such charges are incurred for treatment at the entitled person's (residence owing to the absence of a Government or non-Government hospital at the station).

10. (*l*) The Government Servants are not entitled to go abroad for any medical treatment and to reimburse the cost of such treatment secured abroad under these rules. However if a Government Servant who goes abroad on duty or as a member of delegation, committee and the

like, falls ill, while on duty outside India and resorts to treatment abroad the cost of such treatment secured abroad shall be reimbursed to him/her after obtaining specific sanction from the Government on the merits of each case.

1. G.O. Ms. No. 47, Heaith & Family Welfare, dated 9th January 1979.
2. Govt. Letter Ref. No. 14695/71/796, Health, dated 30th August 1979.

11. Medical treatment or out-patients in Government Medical Institutions (including the Arignar Anna Memorial Indian Medicine Hospital, Madras but excluding Government Mental Hospital,—(*a*) There shall be no charge for medical advice, treatment or medicines given to out-pa ients at Government Medical Institutions.

NOTE.—*Vide* rule 12 (b) and 29 relating to recovery of charges of expensive drugs.

(*b*) Well-to-do persons who are treated in the out-patient department whether in Madras City or in the muffasal shall not be entitled to any preferene but must wait for their turn with other patients.

(*c*) Government servants will ordinarily be attended to first in the out-patient department.

NOTE.—A special fee of 13 paise will be levied from out-patients in the Government General Hospital and the Kasturba Gandhi Hospital from women and children, Madras who desires to get speedier attention.

(G.O. No. 576, Health dated 22nd February 1953.)

12. Medical treatment or in-patients in Government Medical Institutions (including Arignar Anna Memorial Indian Medicine Hospital, Madras and excluding Government Mental Hospital—General Ward—

(*a*) Except as provided in sub-rule (*b*) of this rule, in-patients whose income or the income of the head of whose family is Rs. 200 or less a month, shall be treated free in the general wards. They will also be given free diet.

(G.O. Ms. No. 2033, Public Health, dated 28th August 1945.)
(G.O. Ms. No. 4882, Health, dated 6th September 1970.)

(*b*) In the case of employees in mines, quarries, mills, factories, tea, coffee and rubber Estates, steamers and Port Trusts drawing a salary less than Rs. 200 a month, who are admitted as in patients at the instances of their employers, a charge at the following rates per day for each patient will be levied from the employers to cover the cost of medical advice, nursing and diet. This amount will be collected in advance for a period of ten days at a time, but this condition may be relaxed with the permission of the Director of Medical Services and Family Welfare or the Director of Medical Education in the case of well established firms who undertake to pay the hospital stoppages claimed by the Superintendents of hospitals in accordance with the rules.

Income Group.	Rate per day.	
	Child.	Adult.
1. Below Rs. 100 per mensem	1.50	2.00
2. From Rs. 101 to Rs. 149 per mensem	2.00	2.50
3. From Rs. 150 to Rs. 199 per mensem	2.50	3.00
4. From Rs. 200 and above per mensem	3.00	4.00

(Government Memorandum No. 14165/H68-18, dated 1st July 1970.)
(G.O. Ms. No. 877, Health and Family Welfare Department, dated 26th May 1978.)

If the employees of the above class drawing a salary less than Rs. 200 per mensem are treated as in or out-patients at the instance of their employers, the latter should be charged for the extensive drugs used on behalf of their employees at the rates specified in rule 29, the cost of drugs Xray operation and confinement charges, besides the usual charges levied to cover the cost of medical advice, nursing and diet.

(G.O. Ms. No. 208, Public Health, dated 21st January 1946.)
(G.O. Ms. No. 2227, Health, dated 13th September 1963.)
(G.O. Ms. No. 2118, Health and Family Welfare, dated 1st December 1978.)

(*c*) Employees in mines, quarries, mills, factories, rubber, coffee and tea estates and Port Trusts when attending Government Hospitals at their own instance should be regard as members of the general public for purpose of hospitals stoppages.

NOTES.—(1) If railway employees seek, ordinary treatment in Government Medical Institutions they may be sent back to the Railway Medical Officer, if the Officer in-charge of Government Medical Institution has reason to belive that the treatment required is provided by the Railway Administration in the locality and provided that the case is not emergent.

(2) All technical employees of the Government Press, Madras, Public Works Workshops, the Electricity Workshop will be given free treatment in the general wards of Government Hospitals for injuries while on duty.

(3) Lorry personnel employed in the construction of Aerodromes in the State of Tamil Nadu will be given free treatment in the general wards of the Government Hospitals so long as they remain employed on such works.

(G.O. Ms. No. 1136, Public Health, dated 27th May 1943.)

(*d*) In cases where the children of employees referred to in such rule (*b*) above are admitted in Government Hospitals as in-patients at the instance of their parent's employers, whether along with their parents of otherwise, hospital charges normally applicable to children will be recovered from the employers on account of such children.

(G.O. Ms. No. 637, Health, dated 8th March 1945.)

(*e*) All persons living within the limits of the Government Cinchona Plantations when admitted in the Isolation sheds within the Government Cinchona Plantation will be provided free medical feeding at Government cost exceeding Rs. 150 per diem (*see* rule 32).

(G.O. No. 2226, Health, dated 6th July 1959.)
(G.O. No. 2347, Health, dated 14th September 1960.)

(*f*) Patients from the adjoining territories not under the control of Government of Tamil Nadu seeking admission in Government hospitals in the State of Tamil Nadu will be admitted and treated as private patients. The Medical Officers in-charge of the hospitals concerned will work out the hospital stoppages, etc., according to the status and income of these patients and the nature and expected duration of their treatment and recover the charges in advance, but in the case of casualities and cases requiring immediate attention, the patients will be admitted at once and the charges recovered after they are beyond danger.

(G.O. No. 127, Public Health, dated 10th January 1950.)

12-A. Rules regulating admission of tuberculosis patients in Government Tuberculosis Institutions and other Government Medical Institutions where there are tuberculosis wards—(*a*) General—

(1) No patient should come for admission to a hospital or sanatorium unless intimations regarding the availability of a bed is received by him from the authorities of the hospital or the Sanatorium.

(2) Those who come without notice are liable to be refused admission either for want of beds or if the cases are considered unsuitable for admission.

(3) No case from other hospitals should be sent to the tuberculosis hospital or sanatorium direct, but should be asked to attend the nearest tuberculois clinic, if such a clinic is functioning within a reasonable disiance.

(4) The opinion of the Director, Government Tuberculosis Institute or the Superintendent of the Government Tuberculosis Sanatorium shall be final with regard to the suitablity of a case for admission.

(5) Each patient, whether he seeks admission in the special ward or general ward should be required to pay at the time of registration the cost of telegram to be sent to him intimating vacancy of bed.

(G.O. No. 2038, Health, dated 28th May 1953.)

12-A. (*b*) *Rules for admission to general wards*—

(1) A separate waiting list of all suitable cases should be maintained to each tuberculosis institution.

(2) Patients seeking admission in the general wards of the Government Tuberculosis Sanatorium Tambaram, will be examined by the Director, Government Chest Institute, Chetput. A list of such patients will be forwarded to the Superintendent of Sanatorium, who will prepare the waiting list, assign a serial number for each pat ent and communicate the list to the Director, Intimaton regardng vacancies wll be sent to the patients direct by the Superintendent. Each patient will be given a time limit of five days for joining. If no reply is received within five days requesting extension of the time limit for joining, the name of the patient will be struck off from the waiting list. On such applications from patients, the time limit may be extended to a maximum of three weeks admission. The Superintendent should send to the Director at the end of every three weeks the serial number or patients who have been admitted and the serial number of patients whose names have been struck off from the waiting list for non-receipt of reply.

(G.O. No. 2038, Health, dated 28th May 1953.)
G.O. No. 2939 Health dated 28th June 1953.)

(3) Admission should be made strictly in the order of priority of entry in the waiting list unless some emergency has occured which requires immediate attention.

(4) The advanced cases which have no chance of recovery need not be put on the waiting list of the Tuberculosis Sanatorium. But cases which have got chance of recovery by Sanatorium line of treatment may be included in the list at the discretion of the Superintendents of the Tuberculosis Institutions or Director, Tuberculosis Demonstration and Training Centre.

(G.O. Ms. No. 695, Health, dated 16th March 1971.)

(5) Letters of recommendation received with regard to admission of patients direct to the hospital or sanatorium should not be taken into consideration, but if on an examination the cases are found to be suitable they should be included in the waiting list and should take their turn along with other cases.

(6) All Government servants including members of their families, if found suitable for admission, will be admitted immediately, Police Constables will be given special priority over other Government Servants.

NOTE.—Central Government servants and Railway Servants should not be treated as Government servants, for purposes of the rule.

(7) Advanced cases among Government Servants may be admitted at the discretion of the Superintendent, Tuberculosis Sanatorium/Hospital/Institute provided that he feels that the person has a chance of recovery by Sanatorium line of treatment.

(G.O. Ms. No. 695, Health, dated 16th March 1971.)

(8) Emergencies which require immediate attention such as Haemoptysis, Spontaneous Pheumothorax, etc., whether they are on the waiting list or not, and whether they are early or, advanced cases should be admitted immediately and kept in the hospital or Sanatorium till the emergency disappears. After that, if they are found suitable for treatment, their names will be included in the waiting list on discharge from the hospital or Sanatorium and admitted when their turn comes.

(9) Patients by tuberculosis clinics and hospitals in the muffassal for operative procedure such as Thoracoscopy. Thoracoplastry, etc., should be taken in directly and sent back to the respective places after operation.

(10) Patients sent from other hospitals for admission should also be put on the waiting list and admitted according to seniority in the waiting list.

(11) Convicts suffering from infections pulmonary Tuberculosis should be admitted in the Government Tuberculosis Hospital, Nagercoil after ascertaining the availability of beds from the concerned superintendent.

(G.O. Ms. No. 695, Health, dated 16th March 1971.)

12-A. (*c*) *Rules for amission to special wards*—

(1) Heads of Government Tuberculosis Institutions will maintain a separate waiting list for admission in the Special Wards, send necessary intimation to the patients and control their admission.

(G.O. Ms. No. 2038, Health, dated 28th May 1953,)

(2) A registration fee of Rs. 25 should be charged for including the same in the waiting list for special wards and this amount should be remitted along with the application for admission. This amount will be adjusted towards hospital stoppages payable by the patients when admitted. If the patient does not turn up within seven days from the date of receipt of intimation of the vacancy of a bed, and if no extension of time is obtained from the Superintendent of the Sanattorium the registration fee collected will be forfeited to Government and the bed will be given to the patient next in the waiting list.

The registration fee will be refunded in cases (a) where the intimation of a vacancy of a bed is sent after three months from the date of registration and where the individual does not then proposes to seek admission and (b) where patients expire before the receipt of intimation regarding the availability of beds or within seven days from the date of receipt of such intimation.

(G.O. No. 2214, Health, dated 21st June 1951.)
(G.O. Ms. No. 194, Health, dated 18th January 1955.)

NOTES.—(1) State Government servants and members of the families shall be exempted from payment of the registration fee of Rs. 25 provided they are entitled to free accommodation in special ward.

(2) Patients seeking admitted in the special wards, who fail or find in difficult to obtain and produce the income certificate from the Revenue Authority may be admitted in the special wards provided that they give an undertaking to pay the Sanatorium, charges and provided they pay two months advance of hospital stoppage and are regular and prompt in the payment of the dues every month.

(G.O. No. 2039, Health, dated 29th June 1955.)

(3) Patients from other States will be admitted only in the Special wards.

(4) When Special wards are not available a cottage can be built by the Sanatorium authorities provided that the patient is prepared to pay the cost of construction of the cottage.

(5) The following procedure shall be adopted for the constructuion of cottage in the compound of the Government Tuberculosis Sanatorium, Tambaram

(*a*) The cottages which have been put up in the compound of the Sanatorium and which are made of brick walls with mud plaster and thatched roofing should be left as they are. New occupants of these cottages should be asked to effect repairs at their cost when necessary before occupation. They shall be scrapped when they become completely irrepairable and no new thatched shed shall be allowed to be put up.

(*b*) New cottages should be constructed only with durable material. These cottages should conform to the requirements mentioned in G.O. Ms. No. 3147, Health, dated 8th September 1950.

Each cottage will consist of a twin ward.

For the construction of each cottage consisting of a twin ward, the approximate, cost Rs. 4,950.

Persons who require immediate admission shall be accommodated in this ward if they pay Rs. 2,475 for the construction of a similar ward.

When two such offers are received (i.e.) when the first twin ward has been occupied completely, a second twin ward should be build on the same model and patients who pay Rs. 2,475 should be admitted in to these wards.

When no person is coming forward to pay the contribution of Rs. 2,475 the twin wards will be kept vacant.

12-A. (*d*) *Admission of patients, fit for surgical treatments*—

(1) Cases provisionally suitable for surgical treatment should also placed on the common waiting list by the Director, Government Tuberclosis Institute, Egmore, Madras marked with the letter 'S' in red ink, or in some other coloured ink. Such patients should be told that they are being admitted into the sanatorium only on a provisional basis that if, after observation they are found suitable, they will be given the necessary surgical treatment, and that otherwise they will be discharged from the sanatorium and put in the waiting list against at, the appropriate place. An undertaking in the following form should be obtained from each of such patients:—

FORM.

"I understand that I am being admitted into the Tuberculosis Sanatorium on a provisional basis for observation whether my case is suitable for surgical procedure. I A agree that, if the case is suitable for such a procedue, I will undergo the necessary surgical treatment. If it is decided by the Superintendent that my case is not suitable for surgical treatment, I agree to be discharged from the observation ward and to have my name placed in the waiting list at the appropriate place". Such cases should be collected twice a wek at the Government Tuberculosis Institute, Egmore and Intimation regarding them should be sent in advance to the Government Sanatorium at Tambaram. The Superintendent of the Sanatorium should make arrangement ro transport them to the Sanatorium by the Sanatorium Ambulance Van.

(2) The mass Radiography beds (36 beds in 2 wards) will be used as observation wards for the above purpose.

NOTE.—Pregnant women should be given the same priority as in the case of early surgical cases in regard to their admission to the Sanatorium.

(G.O. No. 2040, Health, dated 28th May 1953.)
(G.O. No. 1127, Health, dated 28th April 1954.)

12-A. (*e*) *Discharge of chronic patients*—

(1) The Superintendent of the Government Tuberculosis Sanatorium and the Medical Officers attached to the Sanatorium will discharge patients who become chronic eventhough sputum is positive, thus making the vacant beds available for more suitable or early cases. In order to avoid complaints about the discharge of these classes of patients a committee should be constituted consisting of the Superintendent, Assistant Superintendent and the Pathisiologist and it should meet twice a month to decide on the discharge of such patients.

(2) The cases found unsuitable at the time of admission for sanatorium type of treatment should be kept on for a reasonable period of observation and the Medical Officer should be empowered to discharge them on making certain that such patients are not likely to benefit by their stay in the sanatorium any further.

(G.O. No. 2039, Health, dated 25th June 1955.)

12-A. (*f*) *Wards for cases detected through Mass Radiography Survey.*

In the Government Tuberculosis Sanatorium, Tambaram two wards of 18 beds each shall be set apart exclusively for the accomodation and treatment of Tuberculosis cases detected through mass radiography surveys and separate waiting list for these two wards shall be maintained. The persons in this separate waiting list, if not already admitted into the reserve wards, shall be admitted to the other wards in the Sanatorium according to their turn in the order of priority, their names being entered in the waiting list for the general wards also in their turn of priority for this purpose.

(G.O. Ms. No. 1489, Health, dated 27th April 1962.)

12-A. (*g*) *Medical attendance on the Tuberculosis Mass Radiography Patients.*

(i) Fees will be levied at scheduled rates for taking further X-ray pictures of a person who has been initially subjected to mass radiography, if his income is above Rs. 200 per mensem provided, however, that for the first follow up, half the fees shall be levied.

(ii) With reference of rule 12(b) hospital stoppages will be levied in respect of persons who are employees of firms and who after mass radiography are admitted as in patients of the Government Tuberculosis Sanatorium, Tambaram, even if their income is below Rs. 200 per mensem and the charges will be collected from the employers concerned. These patients will be admitted only with the consent and permission of the employers. The necessity and urgency for the treatment of such cases should be explained to the employers concerned.

(iii) Fees at the following rates will be levied from employers for issue of certificates in respect of their employees, who are subjected to mass radiographic examination or treatment for tuberculosis —

		RS.	P.
Certificate of medical examination by Civil Surgeon	..	16	00
Certificate for medical examination by an Assistant Surgeon	..	5	00
Admission and discharge certificate from Tuberculosis Sanatorium.	..	0	13

(iv) Hospital stoppages shall be leived at prescribed rates from members of the general public who are subjected to mass-radiography and who undergo the treatment in the Government Tuberculosis Sanatorium, if their income is above Rs. 200.

(G.O. No. 193, Health, dated 16th January 1953.)

12.B. *Rules for admission of patients into Thiruvotteeswarar Tuberculosis Hospital, Otteri, Madras—*

(a) *General.—*

(1) No patient should come for admission to Thiruvotteeswarar Tuberculosis Hospital, Otteri, unless intimation regarding the availability of bed is received by him from the authorities of the hopital.

(2) Those who come without notice are liable to be refused admission either for want of beds or if the cases are considered unsuitable for admission.

(3) No cases from other hospitals should be sent to the Thiruvotteeswarar Tuberculosis Hospital direct but should be asked to attend the nearest Tuberculosis Clinic if such a clinic is functioning within a reasonable distance.

(4) The opinion of the Superintendent of the hospital, shall be final with regard to suitability of a case for admission.

(5) Each patient, whether he seeks admission in the special ward of general ward should be required to pay at the time of registration, the cost of telegram to be sent to him intimating vacancy of bed.

(b) *Rules for admission to general wards.*—

(1) Patients seeking admission in general ward Tiruvotteeswarar Tuberculosis Hospital will be examined by the Superintendent of that hospital. He will select suitable cases for admission and prepare and maintained the waiting list assigning a serial number for each patient. The waiting list will be maintained under variuos categories in the order of priority for admission, viz., Corporation employees and families Medical Non-Gazetted Officers, Police constables, Male Non-Gazetted Officers and Female Non-Gazetted and their families, Men General, Women General and Children General. Intimation regarding availability of beds will be sent to the patients by the Superintendent, Tiruvotteeswarar Tuberculosis Hospital, Otteri, in the serial orders as per waiting list. Each patient will be given a time for five days for joining the hospital and if no reply is received within five days requesting extension of time for joining, the name of the patient will be struck off from the waiting list. On such applications from patients the time limit may be extended to a maximum of three weeks for admission.

(2) Admission should be made strictly in the order of priority of entry in waiting list unless some emergency has occurred, requiring immediate attention.

(3) Advanced cases which have no chance of recovery should not be put on the waiting list.

(4) Letters of recommendation received will regard to admission of patients direct to the hospital should not be taken into consideration but if an examination the cases are found in the suitable they should be included in the waiting list and should take their turn along with other cases.

(5) All Government servants (including their families) if found suitable for admission will be admitted immediately. Police constable will be given special priority over other Government Servants. Employees of Corporation of Madras referred to by Corporation Tuberculosis Clinic. Pulianthope, will be given top periority over the Government Servants.

Rules for admission of non-Gazetted Officers of Medical Department.—The Non--Gazetted Officers of the Medical Department suffering from Tuberculosis may be given priority for admission into the Thiruvotteeswarar Tuberculosis Hospital as in the case of Police constables.

NOTE.—Central Government Servants and Railway Servants should not be treated as Government Servants" for purpose of this rule.

(6) Advanced cases among Government Servants should not be admitted unless it to be for purposes of issue of Medical certificates, invalidation certificates, etc.

(7) Emergencies which require immediate attention such a Hoamoptysis. Spontaneous, Pneumothorax, etc., whether they are on the waiting list or not and whether they are early or advanced cases should be admitted immediately and kept in the hospital till the emergency disappears. After, if they are found suitable for treatment, their names will be included in the waiting list on discharge from the hospital and admitted when their turn comes.

(8) Patients sent from other hospitals for admission should also be put on the waiting list and admitted according to seniority in the waiting list.

(9) In the matter of admission to pregnant women into the hospital special priority will be given.

(c) *Rules for admission into special wards.*—

(1) A separate waiting list should be maintained for admission into special wards in Government Tuberculosis Hospital, Otteri.

(2) A registration fee of Rs. 25 should be charged for including the name in the waiting list for special wards and this amount should be remitted along with the application for admission. This amount will be adjusted towards hospital stoppages payable by the patients when admitted. If the patient does not turn up within seven days from the date of receipt of the intimation of the vacancy of a bed and if no extension of time is obtained from the Superintendent of the Hospital the registration fee collected will be forfeited to Government and the bed will be given to the patient next in the waiting list. The registration fee will be refunded in cases where the intimation of vacancy of a bed is sent after three months from the date of registration and where the individual does not then propose to seek admission and whether patients expire before the receipt of intimation regarding the availability of bed or within seven days from the date of receipt of such intimation.

NOTE.—State Government servants and members of their families and Corporation employees and families shall be exempted from payment of the registration fee of Rs. 25 provided they are entitled for free accommodation in special ward.

(3) Patients seeking admission in the special wards who fall or find it difficult to obtain and produce the income certificate from the Revenue authorities may be admitted in the special wards provided they give an undertaking to pay the hospital charges and provided they pay two months advance of hospitals stoppages and regular and prompt in the payment of the due every month.

Admission into the special ward will be strictly made according to the income of the parents or guardians of the patient. The income should be as follows for the category of ward: —

B Class wards 2 beded : Rs. 250 to 499 per mensem.

C Class Wards semi-special ; Rs. 200 to 249 per mensem.

The income certificate from the Tahsildar concerned should be produced before registration of patients name in the waiting. Patients are liable to be refused admission, it they do not satisfy the above condition. Government servants should produce certificate in the prescribed form from their heads of offices.

As regards admission to special wards B and C Classes with 6 (4 women and 2 men) and 16 (8 women and 8 men) beds respectively that over and above the beds filled up from the patients referred to from the Pulianthope clinic and direct applications, the vacant beds shall be filled up from those attending the Government Tuberculosis Institute, Chetput or Government Tuberculosis Sanatorium, Tambaram.

(4) Patients from other States will be admitted only in special wards.

(d) *Discharge of chronic patients.*—(1) The Superintendent, Government Tuberculosis Hospitals, Otteri, will admit Chronic drugs resistance cases in the Chronic set wards apart for the purposes. The chronic cases discharged from the Government Tuberculosis Sanatorium, Tambaram will also be admitted in this ward.

The Superintendent, Government Tuberculosis Sanatorium, Tambaram and the Director, Government Tuberculosis Institute, Chetput, shall intimate to the Superintendent, Government Thiruvotteeswarar Tuberculosis Hosptal, Otteri, the cases they recommend for transfer. The latter will maintain a register from which he will admit in the order of priority.

Unit such time a separate ward is opened for chronic patients, the Superintendent will discharge such of these cases as he deems fit to obviate the over crowding of chronic patients in this ward thus making the vacant beds available for more suitable or early cases. In order to avoid complaints about the discharge of these classes of patients a committee should be constituted consisting of the Superintendent, Resident Medical Officer and Radiological and it should meet twice a month to decide on the discharged of such patients.

(2) The case found unsuitable at the time of admission for Sanatorium type of treatment should be kept on for a reasonable period of observation and the Medical Officer should be empowered to discharge them on making certain, that such patients are not likely to benefit by their stay in the hospital any further.

(e) *Admission of patients fit for surgical treatment.*—Patients requiring surgical treatment will be sent to Government Tuberculosis Sanatorium for admission and treatment as there is Thoracic surgical Unit attached to the Government Tuberculosis Sanatorium, Tambaram.

Cases provisionally suitable for surgical treatment will be referred to the Thoracic Surgeon for examination and confirmation. After the concurrence of Thoracic Surgeon is obtained the Superintendent, Government Thiruvotteeswarar Tuberculosis hospital, Unit, Otteri, will consult the Superintendent, Government Tuberculosis Sanatorium. Tambaram, for accommodattion. On receipt of availability beds, the cases referred to above may be sent to Government Tuberculosis Sanatorium, Tambaram for treatment.

13. Persons whose income or the income of the head of whose family is Rs. 200 or less per mensem be treated free of charge as in-patient or out-patient in the Government Medical Institutions.

(G.O. Ms. No. 1882, Health, dated 6th August 1970.

Monthly income of the patient or of head of the patients family.	Daily diet charges for persons entitled to free medical attendance and accommodation but liable to pay diet charges.	Daily charges for the persons entitled to the free medical attendance only.		
		Accommodation.	Diet.	Total.
(1)	(2)	(3)	(4)	(5)
	RS. P.	RS. P.	RS. P.	RS. P.
Exceeding Rs. 200	1 50	0 63	1 50	2 13

Monthly income of the patients or of head of the patient's family.	Daily charges for persons not entitled to free medical attendant.			
	Medical Advice.	Nursing and Accommodation.	Diet.	Total.
	(6)	(7)	(8)	(9)
	RS. P.	RS. P.	RS. P.	RS. P.
Exceeding Rs. 200	1 25	0 73	1 50	3 38

NOTE.—(1) In cases where the income of the patient or the head of the patients family exceed Rs. 200 per mensem, a fee ranging from Rs. 12.50 to Rs. 25 will be charged for major operations and confinement. The Superintendents of the hospitals will have the discretion to decide the actual amount of fee to be charged in each case.

However, a patient should pay the higher rates of fees prescribed for confinements and major operation either when she or he shifts to a higher class ward or to a lower class ward and whether such transfer ward is effected before or after confinement or operation.

(G.O. Ms. No. 3230, Public Health, dated 17th October 1942.)

(G.O. Ms. No. 3490, Health, dated 20th November 1957.)

(ii) "No confinement charges will be levied in cases where patients are admitted ten days after delivery. In respect of postnatal cases admitted within 10 days of delivery outside, solely for sterlisation operation the collection of confinements, etc., charges may be waived at the discretion of the head of Medical Institution if the patients are otherwise entited to such concession under G.O. Ms. No. 1610, Health, dated 15th May 1968 and G.O. (Ms.) No. 2281, Health, dated 10th July 1959."

(Government Memo. No. 66025/8/65-9, Health, dated 29th April 1966.)

(iii) "The recovery of operation and confinement charges in all cases where patients or babies die within twenty four hours of the operation or instrumental delivery be waived and the balance of the advaoces paid by such patients if any refunded without adjusting the above charges."

(G.O. Ms. No. 239, Health, dated 12th October 1962.)

(iv) For children of 12 years of age and less, the charge for nursing and accommodation and for diet will be reduced by one half.

(v) Where there are no suitable arrangement for the provision of diet and the patients (adult or children) are consequently obliged to provide their own diet, the charges prescribed for diet will not be recovered.

(G.O. Ms. No. 3008, Health, dated 18th December 1944.)

(vi) Refugee patients who are unemployed and have no income of their own should be given free treatment when admitted in the general wards of Government Hospitals.

13-A. The charges to be recovered from the paying patients in general wards of the Government Tuberculosis Sanatorium, Tambaram, Government Tiruvotteeswarar Tuberculosis Hospital

Otteri, Madras and Government Tuberculosis Hospital, Nagercoil and Government Tuberculosis Sanatorium, Austinpatti, Madurai District, will be shown below:—

Monthly income of patient or head of the family.	Daily diet charges for persons entitled to free medical attendance and accommodation but liable to pay diet charges.	Daily charges for patients entitled to free medical attendance only.		
		Accommodation.	Diet.	Total.
(1)	(2)	(3)	(4)	(5)
	RS. P.	RS. P.	RS. P.	RS. P.
Exceeding Rs. 200	1 50	0 75	1 50	2 25

Monthly income of patient of head of the family.	Daily charges for person not entitled to free medical attendance.			
	Medical Advice	Nursing and accommodation.	Diet.	Total.
	(6)	(7)	(8)	(9)
	RS. P.	RS. P.	RS. P.	RS. P.
Exceeding Rs. 200	0 88	0 62	1 50	2 00

(G.O. R. No. 343, Health, dated 1st May 1958.)
(G.O.P. No. 1924, Health, dated 14th June 1958.)
(G.O. No. 3158, Health, dated 26th October 1959.)
(G.O. No. 1762, Health, dated 6th July 1960.)

14. (*a*) If small general wards, from the main ones are available in the Government Hospital paying patients admitted into the general wards and wishing to be provided with separate accommodation in such small wards may be so accommodated provided that patients pay in addition to the fee leviable under rule 13 an additional fee of 50 paise per head per diet. The rules prescribed for occupying general wards in note (i) under rule 13 will be applicable to the patients occupying small general wards.

Non-paying patients shall not be admitted to the small general wards except for special reasons and such patients should be charged at the rate applicable for those income exceeds Rs. 200 for being accommodated in a small general ward.

(G.O. No. 2827, Health, dated 8th August 1950.)

NOTE.—(i) The above rule will also apply to the special rooms in the Stanley Hospital, Madras.

(ii) With reference to rule 19(2) Gazetted Officer's and Non-Gazetted Government servant drawing an income of Rs. 250 and above will be entitled for free accommodation in the special rooms in the Stanley Hospital, Madras.

(*b*) Superintendent of Hospitals in the City and Mufassal and District Medical Officer in the Mufassal shall decide in consultation with the Director of Health Services and Family Planning or the Director on Medical Education, which of the wards shall be classified as small general wards with reference to such sub-rule (*a*) of this rule.

(G.O. No. 3490, Health, dated 39th November 1957).
(G.O. No. 2827, Health, dated 28th August 1950).
(G.O. Ms. No. 1181, Health, dated 22nd April 1960).
(G.O. Ms. No. 2329, Health, dated 14th September 1960).
(Govt. Memo. No. 14165/H9/68-18, Health, dated 1st July 1970).

(*c*) Hospital stoppages will be levied at the following rates from the Railway Authorities for the treatment of Railway Employees in the Railway ward at the Government Tuberculosis, Sanatorium, Tambaram—

(i) Diet charges at Rs. 1.75 per patient per diem.

(ii) Charges for medicines, screenings, X-rays and other hospital necessaries at Rs. 3 per patient per diem.

(iii) Operation charges Rs. 25 per operation.

(G.O. Ms. No. 1932, Health, dated 7th June 1955).
(G.O. Ms. No. 1286, Health, dated 24th May 1962).

(*d*) The Superintendent, Government Tuberculosis Sanatorium, Tambaram is permitted to transfer non-student patients in the 'C' Class wards of the Sanatorium to the two "World University Service Wards" whenever there are vacancies in the wards and to re-transfer them to the 'C' Class wards again when the beds are required for student patients. The paying patients when transferred from the 'C' Class wards to the World University Service Wards should pay the hospital stoppages at the rates prescribed in rule 15 even during the period they undergo treatment in the latter wards,

(G.O. Ms. No. 1510, Health, dated 7th June 1963).

15. (*a*) In patients in 'C' Class wards (*a*) persons who are admitted as in patients in 'C' Class paying wards.

(Shall pay the following charges.)

Monthly income of patient or the head of the patients family	Daily diet charges for persons entitled to free medical attendance and accommodation but liable to pay diet charges.	Daily charges for persons entitled to free medical attendance only like Chairman and Deputy Chairman of the Legislative Council and Speaker and Deputy Speaker of the Legislative Assembly, Parliamentary Secretaries.			Daily charges for persons not entitled to free medical attendance.			
		Accomodation.	Diet.	Total.	Medical advice.	Nursing accommodation.	Diet.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.
a. Government General Hospital and Stanley Hospital, Madras.	1 50	0 75	1 50	2 25	1 50	0 75	1 00	3 75
b. Government T. B. Sanatorium, Tambaram, Government Thiruvetteeswarar T. B. Hospital, Otteri, Madras and Government T. B. Hospital, Nagercoil.	2 00	1 00	2 00	3 00	0 88	0 62	2 00	3 50
c. Hospitals in Hill Station exceeding Rs. 200.00 ..	2 00	0 75	2 00	2 75	1 39	0 62	2 00	4 01
d. Other Government Hospitals, exceeding Rs. 200.00	1 50	0 75	1 50	2 25	1 38	0 63	1 50	3 51

(G.O. Ms. No. 3490, Health, dated 29th November 1957.)

(G.O. Ms. No. 1924, Health, dated 14th June 1958.)

(G.O. Ms. No. 3159, Health, dated 26th October 1959.)

(G.O. R. No. 343, Health, dated 1st May 1958.)

(G.O. Ms. No. 95, Health, dated 5th January 1960.)

NOTES.—(i) The rates specified in column (2) in the above schedule apply to Government Servants of the State of Tamil Nadu. If Government Servants of the State of Tamil Nadu getting an income below Rs. 200 per mensem are admitted to 'C' class ward they will be chared as for persons not entitled for free medical attendance. Non-paying patients shall not be admitted to the "C" Class wards except for special reasons and such patients shall be charged at the rate applicable to the income group exceeding Rs. 20. In the case of the Government General Hospital Madras and the Government Tuberculosis Sanatorium, Tambaram, where such patients are admitted in "C" Class special wards for special reasons, they will have to pay hospital stoppages at the existing flat rates.

(ii) There are nine single bedded special "C" Class room available in the Government Stanley Hospital, Madras. A fee of 50 paise will be levied per day per patient in addition to the above charges for accommodation in these rooms.

(G.O. No. 2827, Health, dated 8th August 1950.)
(G.O. No. 1202, Health, dated 6th April 1956.)

(*b*) (i) A fee ranging from Rs. 15 to 50 should be charged for major operations and confinement irrespective of the income of the patient or the head of the patient's family. The Superintendent of Hospitals concerned will have discretion to decide the actual amount of fee to be charged in each case.

(ii) However, a patient should pay the higher rates of fees prescribed for confinements and major operations either when she or he shifts to a higher class ward or to a lower class ward and whether such transfer of ward is effected before or after confinement or operations.

(iii) The recovery of operation and confinements charges in all cases where patients or babies die within twenty-four hours of the operation or instrumental delivery be waived and the balance of the advances paid by such patients if any refunded without adjusting the above charges.

(G.O. Ms. No. 2239, Public Health dated 12th October 1962).

(*c*) For children of 12 years of age and less the charges for nursing and accommodation and for diet will be reduced by one half.

(G.O. No. 3508, Public Health, dated 18th Decembei 1964.)

(*d*) In cases where there are no suitable arrangements for the provision of diets and the patients (adults or children) are consequently obliged to have their own diets the charges prescribed for diet will not be recovered.

(G.O. No. 3508, Public Health, dated 18th December 1944.)

16. Accommodation and diet for Honorary Medical Officers, House Surgeons, House Physicians [Nurses, Meternity Assistant, Nurse Pupils Pupil Physiotherapists and Students of Medical Colleges in Government Hospitals [*See* also rule 4(*d*)].

(*a*) (1) House Surgeons and House Physicians Nurses, Meternity Assistants, Nurse pupils employed in Government Medical Institutions Pupil Physiotherapists, Maternity, Assistants undergoing training in Government Medical Institutions Grama Sevak trainees and students of Government Medical Colleges may be admitted in 'C' Class paying wards subject to the following conditions :—

(i) House Surgeons, Houes Physicians, Nurse pupils and Pupil Physiotherapists. They will be supplied with free 'C' Class ward diet.

NOTES.—(i) This concession will also apply to apprentice Physicians from the Kilpauk Medical College Hospital who are posted for clinical training in the Government Royapettah Hospital, Madras.

(ii) Maternity Assistants and Maternity Assistants undergoing training and Grama Sevak trainees. They will be supplied with 'C' Class ward diet or general ward diet according to their choice.

(iii) Students of Government Medical Colleges.—They will be supplied with "C" Class ward diet or general ward diet according to their choice and charged for accordingly if the income of their parents of guardians exceeds Rs. 200 a month. Students whose parents or guardians get an income of Rs. 200 or less a month and who do not want to avail themselves of the free "C" class ward accommodation can go to the genetal ward and will be given free accommodation besides free diet.

(G.O. Ms. No. 276, Health, dated 27th February 1969.)

(2) No charge for accommodation will be levied in the case of House Surgeons, House Physicians, Nurses, Maternity Assistants, Nurse Pupils, Pupil physiotherapistsMaternity Assistants undergoing training and Grama sevak trainees but in the case of students of Government Medical College the income of whose parents or guardians exceeds Rs. 200 a month or more, charges will be levied at the general ward rate.

(3) The option once exercised by the persons mentioned items (ii) and (iii) clause (i) of this sub-rule in regard to the class or diet required by them will be final. Having exercised the option, they will not be eligible to change the diet from 'C' Class ward/diet to general ward diet or *vice versa*.

(G.O. Ms. No. 274, Health dated 28th January 1952.)
(G.O. No. 3305, Public (RDP), dated 31st October 1955.)
(G.O. Ms. No. 2193, Health dated 14th December 1978.)

(*b*) Hospital stoppages will be levied at the following rates in the case of M.B.B.S., B.D.S., Pharmacy students of the Madras Medical College, the post-graduate students attached to that college and students who are members of the World University Students' Organisation and who are admitted in the World University ward at the Government General Hospital, Madras—

Monthly inocme of the Patient or guardians of the student.	Rate of hospital stoppages.		
	Diet.	Accommodation.	Total.
(1)	(2)	(3)	(4)
	RS. P.	RS. P.	RS. P
Exceeding Rs. 200	1 50	0 63	2 13

In the case of students, the income of whose patents or guardians is Rs. 200 and less per mensem and who nevertheless wish to occupy 'C' Class ward or world University students ward will be charged at the minimum rate of Rs. 1.75 per day.

NOTE.—The Dean, Government Gneral Hospital, Madras is permitted to transfer non-student paying patients in the 'C' Class ward of the hospital, to the World University Students wards in the hospital whenever there are vacancies in the latter ward and to tranfer them to "C" Calss wards again when the beds are required for University Students. The paying patients when transferred from the 'C' Class wards to the World University students ward should pay hospital stoppages at the rates prescribed in rule 15(*a*) even during the period they undergo treatment in the latter ward.

(G.O. No. 1043, Health, dated 26th March 1959).

(G.O. Ms. No. 2272, Health, dated 17th October 1962).

(*c*) In the case of other hospitals, which do not provide 'C' Class accommodation, wherever, possible separate rooms with a few beds may be set apart for the treatment of House Surgeons, House Physians Students of Medical Colleges, Nurses Maternity Assistants, Nurse Pupils and Pupil Physiotherapists. In cases where separate rooms are not available for the above purposes a portion of the general ward may be screened off for providing the necessary accommodation. The separate above concession will be subject to the following conditions :—

(1) The scale of supply of diet to and the levy of charges from the occupants of these separate rooms shall be the same as in the case of the patients in the general ward.

(2) If these rooms are at any time unoccupied either partially or in full, they should be made available for accommodation of other patients.

(*d*) Honorary Medical Officers may be admitted in 'A' Class Wards and Honorary Assistant Medical Officers in 'B' Class wards where such wards where are provided. In hospitals not having 'A' Class or 'B' Class accommodation, they may be admitted in special wards. Hospitals stoppages in these cases will be on the scale applicable to Government servants admitted into the corresponding wards.

(G.O. Ms. No. 1003, Public Health, dated 18th March 1942.)

17. Special wards—The scale of charges for in-patients admitted to the special wards shall be as follows :—

(G.O. Ms. No. 3508, Public Health, dated 18th December 1944.)

Institution.	Daily diet charges for persons entitled to free medical attendance and accommodation.	Daily charges for persons entitled to free medical attendance only.			Daily charges ofr persons not entitled to Medical attendance.					Major operations and confinement.
		Accommodation.	Diet.	Total.	Medical including minor operations.	Nursing	Accommodation.	Diet.	Total.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Rs. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.
(a) Hospitals in the Madras City, Single bed 'A' Class ward.	4.00	4.00	4.00	8.00	5.00	2.00	4.00	4.00	15.00	200—100—500
Two bed 'A' Class ward.	3.00	2.00	3.00	5.75	5.00	2.00	2.75	3.00	12.75	
Three or four bed 'A' Class ward ..	3.00	1.50	3.00	4.50	5.00	2.00	1.50	3.00	11.50	
Single bed 'B' Class ward	3.00	1.50	3.00	4.50	5.00	2.00	1.50	3.00	11.50	100—50—300
Double bed 'B' Class ward	3.00	1.13	3.00	4.13	5.00	0.25	1.13	3.00	9.38	
(b) Hospital in the mufassal except Headquarters Hospitals, Ootacamund, the Government Lawley Hospital, Coonoor and the Tuberculosis Sanatorium, Tambaram.	3.00		3.00**		1.25	†	&	3.60	£	100—50—300

0.50 P. to Re. 1.00 to be fixed by the Director of Health Services and Family Planning for each hospital.

** Varying from Rs. 3.50 to 4.00.

† Re. one if the hospital has a nursing staff including pupil nurses of less than one for every 14 beds. No charges otherwise.

& 0.50 paise to Re. one to be fixed by the Director of Health Services and Family Planning for each hospital.

£ Varying from Rs. 4.75 to Rs. 6.25.

Special wards—The scale of charges for in-patients admitted to the special wards shall be as follows :—

Institution.	Daily diet charges for person entitled to free medical attendance and accommodation.	Daily charges for persons entitled to free medical attendance only.			Daily charges for persons not entitled to Medical attendance.					Major operations
		Accommodation.	Diet.	Total.	Medical advice including minor operations.	Nursing.	Accommodation.	Diet.	Total.	confinement.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.
(*c*) Government Erskine Hospital, Madurai and Thanjavur Medical College Hospital, Thanjavur.										
'A' Class	3.00	2.75	3.00	5.75	5.00	2.00	2.75	3.00	12.75	200—100—500
'B' Class	3.00	1.00	3.00	4.00	1.25	1.00	1.00	3.00	6.25	100—50—300
		(G.O. Ms. No. 1328, Health, dated 9th June 1965.) (G.O. Ms. No. 949, Health, dated 29th N vember 1957.)								
(*d*) Headquarters Hospitals, Ootacamund and the Government Lawley Hospital, Coonoor.										
'A' Class	4.50	2.75	4.50	7.25	5.00	2.00	2.75	4.50	14.25	200—100—500
'B' Class	3.50	1.00	3.50	4.50	1.25	1.00	1.00	3.50	6.75	100—50—300
		(G.O. Ms. No. 949, Health, dated 12th A ril 1961.) (G.O. Ms. No. 3490, Health, dated 20th November 1957.)								
(*e*) Government Tuberculosis Sanatorium, Tambaram, Government Thiruvotteeswarar Tu er-culosis Hospital, Otteri and Government Tuberculosis Hospital, Nagercoil.										
(i) 'A' Class wards double bedded cottage constructed by the authorities of the Reserve Bank of India, Madras —										
(*a*) Occupied by the employees of the Reserve Bank of India, Madras						3.38	2.38	3.38	5.75	200—100—500
(*b*) Occupied by the General Public						3.38	3.38	3.38	6.70	
'B' Class wards double bedded wards						3.38	1.75	3.38	5.13	100—50—300

(G.O. Ms. No. 3490, Health, dated 29th November 1957.)
(G.O. Ms. No. 3621, Health, dated 13th December 1957.)
(G.O. Ms. No. 1106, Health, dated 19th April 1960.)

Income of patient or head of the patients family.	Daily diet charges for persons entitled to free medical—attendance and Accommodation.	Daily charges for persons entitled to free medical attendance only.			Daily charges for persons not entitled to free medical attendance.				Major operation.	Labour normal.	Labour. abnormal
		Accommodation.	Diet.	Total.	Medical advice including minor operations.	Nursing and Accommodation.	Diet.	Total.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS. P.	RS P.
(f) Special Cubicle Kasturba Gandhi Hospital for Women and Children, Madras.											
Exceeding Rs. 200 and up to Rs. 249 per mensem.	1.75	0.88	1.75	2.63	3.13	0.88	1.75	5.76	40.00	30.00	40.00
Rs. 250 to Rs. 400 per mensem ..	2.00	0.88	2.00	2.88	3.13	0.88	2.00	6.01	50.00	35.00	50.00
Rs. 401 to Rs. 450 per mensem ..	2.25	1.13	2.25	3.38	3.13	1.13	2.25	6.51	75.00	50.00	75.00
Rs. 451 to Rs. 600 per mensem ..	2.50	1.13	2.50	3.63	4.50	1.13	2.50	8.13	75.00	50.00	75.00
Rs. 601 to Rs 900 per mensem ..	2 75	1.75	2.75	4.50	5.00	1.75	2.75	9.50	125.00	75.00	125.00
Rs. 901 to Rs. 1,200 per mensem ..	3.00	2.25	3.00	5.25	7.50	2.25	3.00	12.75	200.00	125.00	200.00

(G.O. Ms. No. 3490, Health, dated 29th November 1957.)

(g) Charges for tonsil operation—Monthly income of the patients or head of his family.

Monthly income of patient or head of his family.	Rate.
(1)	(2)
(g) Charges for tonsil operation	
Rs. 200 to 250	Rs. 15 to 30.
Rs. 251 to 500	Rs. 50 to 75.
Rs. 501 to 1,000	Rs. 100 to 150
Above Rs. 1,000	Rs. 150 to 300.

(G. O. Ms. No. 3562, Health, dated 31st December 1954.)

NOTES.—(i) Persons to whom the Secretary of State's Services (Medical Attendance) Rules, 1933 or the All India Services (Medical Attendance) Rules, 1954, are applicable and including the Officers of the Tamil Nadu State Higher Judicial Service are entitled to accommodation free of charge and therefore the charges to be recovered from them shall be charges specified under column (2) of the statement of this rule. In respect of Officers employed under the Central Government, charges will be recovered according to rule 44 of the Tamil Nadu Medical Attendance Rules.

(ii) The actual fees to be charged for major operations or confinements within the scales mentioned above will be determined by the Superintendent of the hospital concerned.

However a patient should pay the higher reates of fees prescribed for confinements or major operations either when she or he shifts to a higher class ward to a lower class ward and whether such transfer of ward is effected before or after confinement or operation.

The recovery of operation and confinement charges in all cases where patients or babies die within twenty-four hours of the operation or instrumental delivery be waived and the balance paid by such patients, if any, refunded without adjusting the above charges.

(G. O. Ms. No. 2239, Health, dated 12th October 1962.)

(iii) No confinement charges will be levied in cases where in-patients are admitted ten days after delivery.

(G. O. Ms. No. 1450, Health, dated 3rd May 1952.)

(iv) In cases where there are, no suitable arrangement for the provision of diets and the patients (adults or children) are consequently obliged to provide their own diet, the charges, will be reduced by the amount of diet charges prescribed in the above schedule subject to a maximum reduction of Rs. 2 per patient per day.

(G. O. Ms. No. 3508, Public Health, dated 18th December 1944).

(v) The charges for in-patients admitted to the special wards of the Government Opthalmic Hospital, Madras and not entitled to free medical attendance, should be reduced in accordance with note (iv) n case where patients make their own arrangements for diet.

(vi) For children of 12 years of age and less, thecharges for accommodation, diet and nursing will be reduced by one-half

(G. O. Ms. No. 3508, Public Health, dated 18th December 1944).

(vii) (1) The occupants of the private shed in the Government Tuberculosis Sanatorium, Tambaram, should provide their own diet. The diet charges mentioned above will be levied if they take hospital diet.

(2) Persons belonging to the State of Tamil Nadu will be given the first preference in regard to the construction of or admission to the sheds in the Sanatorium.

(viii) The charges in the two bedded special ward for children in the Women and Children Hospital, Madras will be Rs. 5 a day for each child.

(G. O. No. 4360, Public Health, dated 9th October 1941.)

(ix) In the General Hospital, Madras all 'B' class wards are classed as single-bed wards and hospital, stoppages are recovered accordingly except in the case of persons not entitled to free medical attendance fo whom the charges will be the same as in double-bedded 'B' class ward.

(G. O. No. 4694, Public Health dated 3rd November 1941.)

(x) The diet charges to be recovered from patients in the special wards of the Government eadquarters Hospital, Salem will be Rs. 2 (Rupees two only) per diem.

(G. O. Ms. No. 2470, Public Health, dated 24th Spetember 1945.)

18. *Charges for blood and blood plasma.*—Patients admitted to 'A', 'B' and 'C' Class wards of the Government Hospitals and in the Special Cubicles of Kasturba Gandhi Hospital for Women and Children, Madras shall be charged at the following rates for blood and blood plasma administered to them during the courses of their treatment:—

Class of ward.	Blood per bottle.		Blood plasma per bottle.	
(1)	(2)		(3)	
	RS.	P.	RS.	P.
'A' Class Ward	30	00	50	00
'B' Class ward	15	00	30	00
'C' Class ward	7	50	15	00
Special cubicles, Kasturba Gandhi Hospital for Women and Children, Madras.	7	50	15	00
Paying patients in the General Wards and in the Small General Wards.	5	00	7	50

NOTES.—(1) No charges should be levied if the blood issued to the patients from the Blood Bank is replaced by their relatives, guardians or friends.

(G. O. Ms. No. 3600, Health ,dated 5th October 1953.)
(G. O.Ms. No. 3021, Health, dated 27th September 1955.)
(G. O. No. 1181, Health, dated 22nd April 1960.)
(G. O. Ms. No. 2329, Health, dated 14th September 1960.)

2.—Charges should be levied at full rates as indicated above, irrespective of the fact whether the patient gets transfusion of one full bottle or only a part of a bottle of blood.

(G. O. Ms. No. 3017, Health, dated 24th December 1970.)

3.—All the Government, Servants employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families are entitled to have free supply of blood blood plasma.

(G. O. Ms. No. 822, Health, dated 24th March 1971.)

4.—The Government servants, employees of local bodies drawing salaries not exceeding Rs. 300 per mensem, etc. can reimburse the cost of bolod purchased outside due to non-availability of the same in the Government Medical Institution in whith the patient undergoes treatment, provided the Medical Officer in-charge of the case in the hopsital certifies to the effect that the blood required for the patient was not availble in the hospital, and that the price for the blood was reasonable and such certificate is duly countersigned by the Head of that Institution.

(G.O. Ms. No. 822, Health, dated 24th March 1971.)

19 (1) A Government servant under the rule making powers of the Government of Tamil Nadu and his family or an employee of a local body drawing salary not exceeding Rs. 300 per mensem and his family will be allowed free of charges such accommodation as is ordinarily provided in the hospital except Mental Hospital to which he is admitted and is suited to his status.

(G. O. No. 1917, Health, dated 8th Mayc 1941.)

(2) The nature of accommodation to be provided for the persons mentioned in the previous sub-rule will be as shown below :—

Those drawing an income of Rs. 600 per mensem and above.	'A' Class ward	G.O. Ms. No. 359, Health, dated 26th February 1964.
Those drawing an income between Rs. 325 to 599.	'B' Class ward	
Those drawing an income exceed Rs. 200 and up to Rs. 324.	'C' Class ward	
Those drawing an income of Rs. 200 and below.	General Ward	

The above classification of accommodation will also apply to employees of local body drawing salaries over Rs. 300 per mensem and the members of their families, who have to pay the hospital stoppages to the hospital authorities.

NOTES.—(1) Total income of rural medical practitioners should be taken into account for purpose of determining the class of accommodation admissible to him or his family in Government Hospitals. The highest class of ward to which a rural medical practitioner or his family can be admitted will be 'B' Class as in the case of Non-Gazetted Officers.

(G. O. No. 465, Health, dated 5th February 1955.)

(2) The toal income derived by a Village Officer (other than those in the Madras City in the transferred territories—Kanyakumari District and Shencottah Taluk of Tirunelveli District) From all sources, on the basis of income certificate given by the respective Tahsildar, should be taken into account for the purpose of determining the class of accommodation admissible to him in Government Hospitals. The highest class of ward to which a village officer, can be admitted, will however, be 'B' Class ward. The village officers in the Madras City and in the transferred territories are regular Government servants and are-eligible for the medical concessions as other Non-Gazetted Officers.

(G. O. No. 2080, Health, dated 23rd June 1959.)

(G. O. Ms. No. 3682, Health, dated 26th December 1959.)

(3) In hospitals where there are no 'A' or 'B' Class ward, Government servants or employees of local bodies who are eligible for admission to a 'B' Class or Higher ward may be accommodated in the Special ward if any.

(4) In hospitals where there is no 'C' Class ward or there there is no vacancy in such a ward, Government Servants or Employees of Local Bodies who are eligible for admission to a 'C' Class ward may be accommodate in the Small General Wards referred to in rule 14 without the payment of the fee mentioned in that rule.

(G. O. Ms. No. 1592, Public Health, dated 5th June 1944.)

(5) The nature of accommodation to be provided for the Non-Gazetted Officers, the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families, then admitted in recognised private sanatoria with reference to sub-paragraph 6 of the rule 10(c) will be as shown below:—

District.	Name of the Institution.	Class and category of wards.	Categories of entitled persons who may be made eligible for the different types of wards (income.)
(1)	(2)	(3)	(4)
Coimbatore ..	The Ramalingam Tuberculosis Sanatorium, Coimbatore.	Special ward	Rs. 250 and above
		'B' Semi General ward	Above Rs. 200 and up to 249.
		'C' General ward	Rs. 200
	The Coimbatore Tuberculosis Sanatorium, Peelamedu.	Class B ..	Rs. 250 and above.
		Class C	Above Rs. 200 and up to 249.
Chingleput ..	Santhosam Memorial Tuberculosis Sanatorium, Santhoshapuram.	Class II ..	250 and above.
		Class III	Above 200 and up to 249.
		Class IV ..	Rs. 200 and below.
Tiruchirappalli ..	Rajaji Tuberculosis Sanatorium, Tiruchirappalli.	B Class ..	Rs. 250 and above.
		C Class (Men)	Above Rs 200 and up to Rs. 249.
		C Class (Women)	Do.
		Semi-General ward	Do.
		Special ordinary ward	Do.
		Extra Semi-General ward.	Rs. 200 and below.
		Non-paying General ward.	Do.

Thanjavur ..	The Mahatma Gandhi Tuberculosis Sanatorium, Sengipatti.	Special ward A	250 and above.
		Special ward B	Above Rs. 200 and up to Rs. 249.
		Special ward D ..	Do.
		Special ward Twin B	Do.
		General ward Room C	Do.
		General ward ..	Rs. 200 and above.
Ramanathapuram ..	Somanathapuram T.B. Sanatorium.	B Class ward ..	250 and above.
		C Class ward ..	Above Rs. 200 and upto Rs. 249.
		General ward (Men)	Rs. 250 and beolw.
		General ward (Women)	
		General ward (Children).	
		Semi-General ward	

In emergencies, an entitled person may, for want of accommodation in the ward for which he is eligible be admitted to the next higher ward and treated in that ward until a bed be comes vancant in the ward for which he is eligible. The head of the sanatorium concerned should issue a certificate to that effect for the purpose of reimbursement charges.

(G.O. No. 1322, Health, dated 26th April 1957.)

(G.O. No. 40, Health, dated 6th January 1958.)

(6) The nature of accommodation to be provided for the Non-Gazetted Officers and their families and the employees of Local Bodies drawing salaries not exceding Rs. 300 per mensem and their families when they are admitted for treatment in the Infections Diasease Hospital, Tondiarpet, Madras with reference to Note (ii) under sub-paragraph (1) or rule 10(c) will be as shown below :—

Monthly income of patient.	Class of wards admissible.
(1)	(2)
Rs. 249 and below	.. General ward.
Rs. 250 and above	.. Class I ward.

(G. O. Ms. No. 158, Health dated 20th January 1961.)

20. Government servants of the State and their families and employees of local bodies and their families who get admitted to a ward higher than the class to which theu are entitled under rule 19(2) should pay hospital stoppages at the rates applicable to persons not entitled to free medical attendance. There will, however, be no recovery of fees for major operations confinements X-ray examination and treatment in the case of Government servants and their families and also employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families.

(G. O. Ms. No. 3508, Public Health, dated 18th December [illegible].)

21. Notwithstanding the provisions contained in rules 19(2) and 20 Nursing Superintendents and Head Nurses employed in Government Hospitals will be accommodated in 'B' class wards in hospitals in which such accommodation is available. In hospitals where no such wards exist they will be accommodated in special wards. The recovery of hospital stoppages and the supply of diet in the case of Nursing Superintendents will be regulated with reference to their pay.

(G. O. Ms. No. 1136, Public Health, dated 27th May 1943.)

22. Hospital stoppages should be recovered from every employee whether Government Panchayat Union or Municipality whio is admitted for observation at the rates applicable in patients.

NOTE.—(1) The Class of ward to which a Government Servant may be admitted for observation shall be the same as that which would be admissible to him if he were admitted for treatment as an in-patient.

(2) Families of Government servants referred to in Rule 19 (1) abobe may be admitted to the same calss of special wards to which the Government Servant himself is entitled—*vide* Rule 19(2) above.

(3) Wives of Government servants who ase themselves Government servants, may be allowed the class hhospital accommodation to ehich they are eligible according to their own status or to the status of their husbands owichever i higher, when the undergo treatment in Government hospitals.

(G. O. Ms. No. 729, Public Health, dated 11th March 1946.)

23. *In-patients in Government Mental Hospital Madras.*—In this hospital, there are general wards and special wards. Those whose means will allow of their paying or who have friends capable of supporting them shall be charged according to the following scales:—

GENERAL WARDS.

Monthly income.	Maintenance charges per day.
(1)	(2)
Above Rs. 200	Rs. 3.00

NOTES.— (i) Children (Son or Daughter) under 20 years. Quarter rate for the head of the family or guradian. In the case of Children (Son of Daughter) aged 20 or more, maintenance charges wwill be levied with reference to the income, if any, of their own.

N.B.—If a son or daughter, aged 20 or more who is a member of an undivided family with no income of his or her own or with an income of Rs. 200 and less per mensem but has a share in the ancestral property, he or she is liable to pay maintenenace chaerges with r)erence to the share of income from the undivided property.

(G. O. Ms. No. 235, Health, dated 25th January 1963.)
(Government Memo No. 16554/H8/62-6, Health dated 2nd August 1962.)

(ii) Wives—Half the rate for head of the family.

(iii) The term 'Head of Family' mentioned in the above notes should be taken to include father or mother, brother or Many relative who may be termed as guardian.

(G. O. Ms. No. 1545, Health, dated 13th June 1963.)

(iv) Military patients treated in the general wards shall be scharged the rates laid down in the Arrmy Regulations as in Military Hospitals.

SPECIAL WARDS.

Monthly income of patient or head of a family.	Scale of daily charges for Government officials.
(1)	(2)
A Class.	RS. P.
Minimum.	2.50
Rs. 300 to 399	3.00
Rs. 400 to 499	3.50
Rs. 500 to 599	4.00
Rs. 600 to 699	4.50
Rs. 700 to 799	5.00
Rs. 800 to 899	5.00
Rs. 900 to 999	5.50
Rs. 1,000 to 1,099	6.00
Rs. 1,100 to above	6.50
B Class.	
Above Rs. 200	2.50

SPECIAL WARDS.

Monthly income of the patient or head of a family.	Scale of daily charges for non-Officials.
(1)	(2)
A Class.	RS. P.
Up to Rs. 499	3.50
Rs. 500 to 999	6.00
Rs. 1,000 and above.	8.00

B Class.

(1)	(2) Rs.
Above Rs. 200	3.00

(G. O. No. 3508, Public Heath, dated 18th December 1944.)
(G. O. No. 3583, Health, dated 27th November 1958.)
(G. O. No. 2010, Health, dated 22nd August 1961).

Notes.—(i) The nature of accommodation for which Government servants will be eligible is as shown below:—

(*a*) Government servants whose income is Rs. 500 per mensem or more 'A' Class ward.
(*b*) Government servants whose income is Rs.250 per mensem and above but less than Rs. 500 per mensem 'B' Class ward.
(*c*) Other Government servants—General ward.

(ii) A non-official will be eligible for admission to 'A' class ward his income or the income of head of his family is not less than Rs. 300 per mensem and 'B' class ward if the income exceeds Rs. 200 per mensem.

(G. O. Ms. No. 658, Health, dated 21st Ferbruary 1959.)
(G.O. Ms. No. 2696, Health, dated 3rd September 1958.)

(iii) Children of 12 years of age snd less will in all cases be charged half rates.

(iv) When two or more children of the same person are in the hospital at ehe same time, the total charges will not exceed the daily rate payable by the head of the family.

(v) In-patients whose income is Rs. 200 and less per mensem shall be treated free in the General ward. They will also be given free diet. In the case, however, of employees in mines, quarries, mills and factories and tea, coffee and rubber estates drawing less than Rs. 100 per mensem who are admitted as in-patients at the instance of their employers, a charge of fifty paise a day for each patient will be levied from the employers to cover the cost of medical advice nursing and diet.

(vi) In the case of patients to whom secretary of State's services (Medical Attendance) Rules, 1938, or the All India Services (Medical Attendance) Rules, 1954 apply and in the case of Officers of the Tamil Nadu State Higher Judicial Service, the rate of charges to be recovered shall be the same as the rates applicable to State Gazetted Officers.

(G. O. Ms. No. 3583, Health, dated 27th November 1958.)
(G. O. Ms. No. 722, Health, dated 7th March 1960.)

(vii) Non-Gazetted officers and their families and the employees of local bodies drawing salaties not exceeding Rs. 300 per mensem and their families will be exempted from payment of maintenenace charges and the entire cost of special and expensive drugs administrered to them.

(G. O. Ms. No. 1550, Health, dated 24th April 1953.)
(G. O. Ms. No. 658, Health, dated 21st February 1959.)
(G. O. Ms. No. 1017, Health, dated 19th April 1961.)
(G. O. Ms. No. 2010, Health, dated 22nd August 1961.)

24. The rate of maintenance charge to be recovered on account of patients belonging to other State, undergoing treatment in the Government Mental Hospital, Madras is Rs. 60 per mensem per patient.

In addition to these charges, fees for X-ray treatment, X-ray examination and Radium Treatment should also be recovered from the other States or foreign Government-concerned

(G. O. Ms. No. 3508, Public Health, dated 18th December 1944.)
(G. O. Ms. No. 237, Health, dated 31st July 1958.)
(G. O. Ms. No. 446, Health, dated 6th February 1969).

25. Rules governing the levy of fees for X-ray examination and for X-ray, Electrical, Radium and Radon treatment, Free X-ray examination treatment, etc. (1) X-ray examination, X-ray screening, X-ray treatment, Radiotherapeutic, Electro therapeutic, radium and radon treatment will be provided gratis in the case of—

(*a*) All Government servants including those of the West Bengal and Punjab Governments and British Officers of the Superior Civil Services only in respect of the Governments of Bombay, Bihar, Orissa, Assam and Uttar Pradesh.

(*b*) Families of Government servants under the rule-making powers of the Government of Tamil Nadu.

(G.O.Ms. No. 729, Public Health. dated 11th March 1946.)

(*c*) Employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families.

(G. O Ms. No. 2628, Health, dated 13th August 1952.)
(G. O. Ms. No. 3638, Health, dated 16th Novemer 1952.)
(G. O Ms. No. 246, Health, dated 21st January 1953.)

(*d*) In of out-patients ot any State, Municipal Panchayat Union-Mission or other private charitable hospital or dispensary, whose income or the income of the head of whose family is Rs.200 and less, per mensem, if they are sent by their respective medical officers and certified that they are bonafide in or out-patients of such hospitals or dispensaries.

Notfs.—Dispensaries maintained by mines, quarries, mills, factories, tea, coffee, and rubber estates, railways and railway workshops and Port Trusts for their employees do not come within this category.

G. O. No. 4694, Public Health, dated 3rd November 1941.)

(ii) Ashok Vihar (Health and Recreation Centre) maintenance by the Corporation of Madras will come under the category of Panchayat Union Hospital or dispensary.

(G.O. No. 3800, Public Health, dated 29th October 1949.)

(2) Charges shall be levied from allother hospital patients including militaty personnel accordingto the sclae laid down in rule 26.

Note;.—( ) No X-ray examination or X-ray screenings will be made or treatment carried out in the Backwardt Institute of Radiology at Madras or in the X-ray and electrical departments of any Government Inst tution w thon a written order and instruction as to what is rzquired from n e of the medical staff of a hospital or from a Registeredn Medical Practitioner, except .n cases provided under Note ( ). If the radium or X-ray therapost is of the opinios that the radiological treatment suggested is detrimental to rhe patient's interests or dangerous , he will state h opinion in writing tho the members of the medical staff or to the registered medical practitioner, who sent the requisit on for treatment. He w ll, f necessary, suggest a personnel consultat on. Should the d fference of opinion st ll exists, the S uperintendent of the hospital should be asked to give a final decision. Patients rema n unde the care of the r own medical advisors due rng examination or treat,ent.

(G.O. Ms. No. 2741, Public Health, dated 1941.)

( ) In the case of Ga zetted Med cal Officers n Government Serv ce requ r ng X-ray exam nat on of them selves in a Government Medical Institution such X-ray examioation may be dooe free of charge on requisition from the Medical Officers themselves prov ded they ae not under the med cal treatment of another med cal officers e ther n a hosp tal ot at the r home.s Æ

(G.O.Ms.No. 1747, Publ c Health, dated 2nd July 1945.)

( ) In respect of a patient injured in an accident and tzken to a Government Hospital by the police or of one who himselfcome s to the Hospital for treatment afete an accident, and the case is subsequently brought to the notice of the police authorities and is treated as a medico-oegal case, no fee need he levied for a radipographic examination made to ascertain whether therris an infury, as the radiography would be required for aofficial use., But further radiographical work on such patient unless done at rhe instance of the police for medico-legal prupose and all other treatment of such patients should be chzrged for at prescrivbed rates.

(G.O. No. 1807, Health dated 22nd May 1950).

(iv) Patient who came for treatment to the Barnard Institute of Radiology from the muffussal and have no local medical attendants of their own, will be treated as out-patients atte ding the General Hosital, X-ray ecagannation nad treatment will be carried out un the institute and all laboratory tests that may be neccssary will be arranged for with the respective laboratories in the Medical College. A house physician will be detsiled to gi e any injections necessary. Fees wiiil be recovered and cerdited to Government in the Barnard Institute of Radiology for the X-ra treatment and in the laboratories for the trsests carried out according to the scales laid sdown for each and the cost of injection, if supplied by the hospital, will be credited as General Hopistal receipts.

(v) The bill of charges in the cse of military personnel recommedned by the authorised medical attendants. shall be sent to the heads of departments or units, as the case may be, for prposes of recovering the charges. The recommending medical officers shall, therefore, frurnish information about the names and address3s of thz authorities to whom the bills have to be ... regimental or inuit number, monthly salary including all allownaces and such otjer details of the patients as may be necessary for the hospitals to assess the fees according to schemdule rates, and for the paying officers to pass the bills, failing which the patients should be asked to pay the necessary fres directlu in advance before commencing the examination or treatment' In all toehr cases the charges are to be recovered direct from the patients in advance treating them as out-patient.

(vi) Government servants, if sent by private medical practitioners, shall sign a declaration that they havft not previously consulated and been refused treatnet by their official medical atetndants or the staff of any Governmenlt Hospital. The Radiologist in-charge of the X-ray departments shall bering to the notivce of the Director of Heathn Service and Family Planning or Director of edical Education any instance in w ich he has reaona to tink tha this concession has been abised.s

(Government Memo. No. 14165/H9/68-13, dated 1st July 1970.)

26. *Scale of chages.*—The scale of charges sanctioned for radiographic examination, X-ray screenings and for X-ray, Electrical Radium and other forms of treatment in the Barnard Institute of Radiology, Government General Hospital, Madras and in the X-ray departments of other Government Medical Institutions is as shown in the following table:—

	Radiographic Examination.					Charges Treatment.			Radium or Radon Treatment.	
Monthly income of the patient or the head of the patient's family.	Jaws Teeth, thorax, Abdomen liver limb Joints excluding write and Ankle.	Hands feet longbones, ankle and wrist joints.	Skull urinary tract and spine.		Barium meal examination.	Excretory, Phelography Cholecysdography, bronohography, mycography, cerebra langiography asortography, angicardiography, kymography and tomegraphy.	Electroo cariographic examination.	X-ray screenings.	For each sitting for X-ray ionisation electrical massage, diathermy high frequency muscule testing and other forms or treatment.	
	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)
Above Rs. 200 and upto 349	12	6	15	15	45	8	12	3		In-patient to be charged as for a major operation(i.e.)patient in the 'A' Class ward Rs. 200-100-500 patients in the 'B' Class ward Rs. 100-50-300 patients in the 'C' Class ward Rs. 15-40.
Rs. 350 to 499	15	8	20	to	55	10	15	5		Do.
Rs. 500 to 749	20	10	25	75	65	14	20	7		Do.
R 750 and upwards	25	15	30		75	16	25	9		Patient in the general ward whose income or the head of whose family exceeds Rs. 200 per mensem and above 12-1/2-2.

As in the case of operations the actual fee will be determined by the Superintendent of the hospital after the patient has filled in a declaration form. Though the radium or randon treatment is given in the general ward the fee for such treatment should be levied as per the scale applicable to the class of ward the patient was occupying before transfer to the general ward for the treatment.

(G.O. Ms. No. 1528, Pubic Health, dated 29th May 1944.
G.O. Ms. No. 2033, Public Health, dated 2nd August 1945.
G.O. Ms. No. 2088, Public Health, dated 30th May 1953.
G.O. Ms. No. 3562, Health, dated 31st December 1954.
G.O. Ms. No. 496, Health, dated 10th February 1956.)

NOTES.—(1) Superintendents of Government Hospital attached to teaching institutions have bee authorised to sanction the taking in Government Radiogogical Institutions of Radiographs of patients which are of clinical interest and required only for the purpose of teaching of students of medical colleges. In such cases no fee should be recovered from the patients but if the radiographs are essential in connucession with the treatment of the patients the prescribed charges should be revovered.

(2) Radiant heat given to patients at the X-ray Department is only a surgical andand no charge will be levied for the treatment.

(3) Two or more continued treatments given on the same day will be treated as asingle sitting and charged for accordingly.

(4) The cost of special drugs used in X-ray examination should not berecovered separately in addition to the prescribed charges for examination. The cost ofthe drugs used will be taken into consideration in fixing the charges for the examination.

(G.O. Ms. No. 1136, Public Health, kated 27th March 1943.)

(5) For the purpose of recovering X-ray charges under rule 26 of the Medical Attendance Rules from in-patents who occupy special 'C' Class and small general wards in Government Hospitals the patients income or the head of the patients family should be assumed as follows, if it is not possible to ascertain the correct income persons occupying.

'A' Class special wards (City) Rs. 500 p.m.

'B' Class Special wards (City) and special ward (mofussil) Rs. 250 p.m.

'C' Class wards (Ci y and mofussil) above Rs. 200 per mensem.

Small general wards referred to in 14(a) of the rules.

(City a d Mofussil above Rs. 200 p.m.

(G.O. Ms. No. 2033, Health, dated 2nd August 1945.)

(6) The income notee against each of the classes of wards mentioned in note 5 above may be considered as the proportionate minimum for that class of ward and a person admitted to any of these wards who declares his income or the income of the heads of the family as below proportionate minimum of that ward may be charged on the basis of the proportionate minimum income of that ward.

(7) The scale of fees prescribed in column in 8 for X-ray screeing will not apply in the case of tuberculosis patients for whom a flat rate of Rs. 10 per month will be levied for screenings done in the course of their treatment during the month. If skiagrams are taken in addition to the screening they will becharged fol separately according to the rates applicable to such kind of work.

(G.O. No. 3665, Health, dated 24th October 1951.)

I. *Out Patients.*—Free for a person whose income or the income of the head of whose family is upto Rs. 200 a month. For income exceeding Rs. 200 a month for treatment extending to thirty days.

1. For implantation and insertion in the natural passages Rs. 3 to Rs. 250 per mensem.

2. For surface applications Rs. 5 to 250 per mensem.

NOTE.—The fee is to be determined by the Superintendent of the Hospital concerned taking into consideration the income of the patients or the head of patients' family and the nature of the treatment.

II. (*a*) In the case of a series of sittings comprising more kinds of treatment extending to ten days of attendance the charges shall be a consolidated one fixed by the radiologist in-charge of the X-ray Department and the Superintending of the Hospital and the Medical Officer concerned in consultatian, according to the means of the patient and the nature of treatment given.

NOTES.—1. Comparatively greater concession for a prolongen course of light treatment may be shown than or a shorter course of deep X-ray theraphy where excessive of amount of energy and skili are involved.

(2) A patient in a paying ward undergoing X-ray treatment and who has paid a consolidated fee for a full course, if discharges, from the hospital, and advised to take rest of the course as an out-patient may continue the treatment as an out-patient availing himself of the consolidated fee already paid by him. No refund of the fee for the part of the treatment undergone as an out-patient should, however, be made on the ground that his income or the income of the head of his family is Rs. 200 or less a month. If such a patient discontinues treatment on his own accord whether as an in-patient or as an out-patient or as an out-patient he will be charged the full consolidated for the actual number of days he had treatment whichever is advantageous to the patient. In the latter case the balance. if any of the amount paid in advance will be refunded to him. If he comes again after a break of a right and fresh course is prescribed he should be charged at daily rate and the concession of consolidated fee for a course should not be given in his case.

(G.O. Ms. No. 2033, Public Health, dated 2nd August 1945.)

(*b*) A radiographic examination consists of one or series of radiographs or screenings or both of one part of the body taken within a period of seven days for the purpose of diagnosis or treatment or both. If subsequent radiographic examinations or screenings are necessary, these will be paid for according to the above scale.

(*c*) In the case of patients undergoing surgical operations of the chest in the hospital, a consolidated fee Rs. 20 per mensem shall be levied for the X-ray pictures of chest which may be taken before and after operation.

(G.O. Ms. No. 898, Public Health, dated 2nd February 1950).

(*d*) When different parts of the body are radiographed or screened on the same day or within a period of fifteen days the charge shall be consolidated fee made up as follows:—

1. For two different parts of the body 75 per cent of the full fee laid down for each.
2. For three different parts of the body 60 per cent of the full fee laid down for each.
3. For Four or more different parts of the body 50 per cent of the full fee laid down for each.

(*e*) No charges shall be levied from the paying patients admitted for radium treatment in the Government Medical Institution separately for taking X-rays after implantation of radium to see whether all the needles are implanted in the correct position and to check up against the plan in case sheet.

(G.O. Ms. No. 283, Health, dated 2nd February 1961.)

(*f*) Uro-selection Barium meals and teeth: Charges shall be levied at the discretion of the Radiologist and the Superintendent of the hospital to which an X-ray department is attached, who will take into consideration the means of the patients and the amount of work involved in the particular examination.

(*g*) A charge, to be fixed by the Superintendent of the Hospital to which a Radiological Department is attached, will be made for any examination not provided for in the above scale.

(*h*) A flat rate of Rs. 10 (Rupees ten only) shall be levied and collected from the customs Department in respect of each exposure of X-ray abdomen taken of passengers brought by them for X-ray examination.

(G.O. Ms. No. 315, Health, dated 12th February 1965.
Govt. Memo. No. 63637/H8.65-7, Health, dated 25th January 1966.)

(i) All paying patients whose income or the income of the head of whose family is Rs. 300 and above per mensem shall be charged Rs. 2 (Rupees two only) towards taking of 70 mm X-rays subject to the condition that no fee need be collected if the X-ray films are obtained free of cost.

(G.O. Ms. No. 822, Health, dated 31st March 1977).
(G.O. Ms. No. 818 Health, dated 8th May 1979.)

26-A The rates of charges to be levied on the paying patients for Electro Encephalographic examination in the Government General Hospital, Madras and Government Erskine Hospital, Madurai will be as shown below:—

Monthly income of the patient or the head of the patients family.	Charges.
(1)	(2)
	RS.
Above Rs. 200 and up to Rs 349	20
350 to 499	40
500 to 649	55
650 to 749	70
750 and above	100

NOTE.—The Electric Encephalographic examination and treatment will be done free of charge to those who are eligible for free X-ray examination etc., under rule 25.

(G.O. Ms. No. 3319 Health dated 12th November 1959.)
(G.O. Ms. No. 452, Health, dated 12th February 1960).
(G.O. Ms. No. 71, Health, dated 11th January 1969).

26-B. The rates of fees to be levied from the out-patients for Administration of Electric convultion therapy in the Government Mental Hospital, Madras and in the psychiatric clinics of the Government General Hospital and the Government Stanley Hospital, Madras will be as shown below:—

Monthly income of the patient or the heads of the patients family.	Rate of fees per shock.
(1)	(2)
Rs.	Rs.
Exceeeing Rs. 200 and upto 499	3
500 anb adove	5

(G.O. No. 791, Public Health, dated 10th March 1949).
(G.O. Ms. No. 3003, Health, dated 6th October 1969).
(G.O. Ms. No. 1646, H alth, dated 21st June 1960).

26-C. The following rates of charges shall be collected from the paying patients for the following Psychological evaluation done in the Institute of Mental Health, Madras and other Government Hospitals where Psychiatric Out-patients Department are functioning:—

	Rs.
1. Assessment of Intelligience. ..	10
2. Assessment of personality ..	10
3. Special Evaluation ..	20
4. Complete Psychological Assessment	30

(G.O. Ms. No. 319 , Health, dated 22nd February 1979).

26-D. The cost of Bar mould making in the speech theraphy section of the E.N.T. Department of the Institute of Child Health and Hospital for Children, Madras at Rs. 20 (Rupees twenty only) each shall be collected from the patients whose income or the income of the head of whose family exceeds Rs. 299 per month. However eligible persons in accordance with the Tamil Nadu Medical Attendance Rules shall be allowed the same free of cost. (G.O. Ms. No. 187, Health, dated 23rd October 1979.)

(Government letter Reference No. 20110/TI/80-7, Health, dated 22nd August 1980.)
This office letter No. 154096/OSD/(3)/80, dated 10th March 1980.)

26-E. The following rates shall be collected from the paying patients for the treatment of Haemodialysis patients in the Government General Hospital, Madras.

	Rs.
For 6 hours Haemodialysis	175
For 8 hours Haemodialysis	200

(G.O. Ms. No. 261, Health and Family Welfare Department, dated 20th February 1980)

27. Patients who are sent to the Barnard Institute of Kadiology or X-ray Department of Govhrnment Hosdital for examination or treatment by their own medical officers shall pay charges according to the scale laid down in rule 26.

28. If the patient refferd to in rule 27 age admitted into the hospital as in-patients the sole purpose of having radiographic or screening examination they shall pay a fee for the examination according to the scale laid down in addition to the usual nursing and dieting charge put they will be exempted from the payment of the separate charge for medical advice.

29. *(a)* In-patients—Persons whether entitled to free medical attendance or not shall pay the cost of special and expensive drugs as laid down below in addition to other hospital stoppage it any which may be payable by them—

(i) Patients in special wards except Government servants and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem entitled to free medical attendance: Full cost of all special and except those in list I below—

(ii) Well-to-do patients in general wards whose total income is Rs. 500 permensem and above except Government servants and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem entitled to free medical attendance. Full cost of all special and expensive drugs except those in list I below:—

(iii) Patients in general wards whose total income is below Rs. 500 per mensem but exceed Rs. 200: ull or half the cost of all special and expensive drugs except those in lists I and II below the discretion of head of the medical institutions concerned. In cases where the cost is recovered in full the reasons therefor shall be recorded be in writing.

(iv) Patients in General wards whose total income is Rs. 200 and below:—free, whatever drugs is administered whether it is included or not in lists I or II.

List-I.

1. Nupercaine
2. Anethaine
3. Pantocaine
4. Gelfoam
5. Pencilin powder with Sulphainezathine Sodium
6. Tubarine
7. Tubocurerine
8. Pocrotoxin
9. Lobaline
10. Pentobarbital
11. Methedrine
12. Intraval Sodium
13. Tincture Mathiclate
14. Neogynergin
15. Quinine Urethane
16. Fersolate
17. B.A.L.
18. Percoten
19. Eucortone
20. Trasentin
21. Newo-Trasentin
22. Spongestan
23. Acid Gallic
24. Acid Picrie
25. Ammonium Hemozate
26. Ammonium Oxalate
27. Ammonium Bromide
28. Benzoline
29. Benzamine Hydrochloride
30. Beta Nauthol
31. Bismuh Carbonate
32. Bismuth Salicylate
33. Buchu Folia
34. Confectio-Piperis
35. Ext. Gentianae
36. Ext. Cascarso Sagrade Siccum
37. Ext. Hamamelidiaes Liquidum
38. Ext. Jabroandi Liquidum
39. Ext. Nucis Vommicase Liquidum
40. Ext. Vibuni Liquidum
41. Ferriet Quininaecitras
42. Karo Tonic
43. Linimentum Belodonnae
44. Liq. Arseniet Hydrargyri Iodidi
45. Liq. Bismuthiet Ammonil citratis
46. Liq. Epispescitious
47. Liq. Pot Hydrox
48. Mag. Carb Lev.
49. Mag. Oxid Lov.
50. Oleum Amygdaae (Almond oil)
51. Oleum Cinnamonil
52. Oleum Gaultheriae
53. Oleum Juniperi
54. Oleum Menthae Piperitae
55. Oleum Olivae
56. Paraffinun Durum
57. Pepsinum
58. Pil Hydrarg
59. Pot Acet
60. Pot Bicarb
61. Pot Brom
62. Pot chloras
63. Pot Cit
64. Pot tassi Tavtaras Acidus

List I—cont.

65. Pulvas cretae armoticus cum opie
66. Pottassa Sulpharata
67. Pulvrheico
68. Salol
69. Sodium Thiosulphate
70. Sulphona
71. Syrupus Aurunti
72. Syrupus Calcil Hyphpho Sphitis
73. Syrupus Ferri Iodidi
74. Syrupus Ferri Phosphitis Compositus
75. Syrupus scillae
76. Tincture Acentti
77. Tincture Aloes
78. Tincture Asofoetidae
79. Tincture Calumbae
80. Tincture cannabis Indica
81. Tincture capsici
82. Tincture Gatechu
83. Tincture Digitalis
84. Tincture Jaborandi
85. Tincture Myrrhae
86. Tincture Lobeliae Aetherea
87. Tincture Quassiae
88. Tincture Quinine Ammoniata
89. Ungu Entum Hydrargyri
90. Ungentum Hydragyri Nitratis
91. Ungu entum Resinae
92. Urethane
93. All Vitamin Preparat'ons
94. Tinct, Valeriar Ammon
95. Tinct. Sennaco
96. All Histamine Preparations
97. Acetylarsan
98. Urea stibamin
99. Stibatin amp
100. Glucose Solution
101. Insulin P.Z
102. Emetine Hydrochloride
103. Aminophyline
104. Acidum Phosphoricum Dilutum
105. Acidum Tacticum
106. Acidum Lrichloraceticum
107. Apromorphine Hydrochloride
108. Bleaching Powder
109. Bismuthi Subnitras
110. Benzion
111. Balsam of Tolu
112. Benzaldehyde
113. Brilliant Grean
114. Crushed Linseed
115. Chalk
116. Capsicum powder
117. Crude Coal Tar
118. Dextrose
119. Hyecine Hydrobromide
120. Hard Paraffin
121. Preparations of Sennae, Krameria, cloves and Getion C o.
122. Liq. Ammoni Citratis
123. Lead Plaster
124. Morphinae Tartras
125. Liquor Icdi Portis
126. Oleum Pini Sylvesteis
127. Liquid Carbonics Detergens
128. Pulvis Scillae
129. Magnesium Phosphate

List I—cont.

130. Prepared Coal tar
131. Oleum Cajuputi
132. Syrup of wild cherry
133. Pulvis Hyoscyami
134. Syrupus zingiberis
135. Pottassium Hydroxide
136. Sodium Lactate
137. Syrups Codeinae Phosphates
138. Strychinine Hydrochloride
139. Syrupus Simple
140. Scarlet Red
141. Soddii Hydroxidum
142. Tr. Lavandul as Co.
143. Stroax
144. White Bees Wax
145. Tr. Arnicae Floris
146. Gelatin
147. Ung. Hydrag Co.
148. Linimentum Aconiti
114. Sulpha drugs
555. All sera and vaccines
121. Homotiopine Hydrobromide
901. Anti Histamine drug

List II.

1. Insulin—All varieties
2. Coagnlen (ciba) amps.
3. Adrenal Ooretx Hormones
4. Gold Preparations
5. Penicillin.
6. Mapharside
7. Riboflovine Ampoules and tablets.
8. Liver extract ampoules
9. Diodoquin
10. Adexolin
11. Prophylthiouracil (to be include in the place of Methylthiouracil).
12. Sodium penthose nucleotide
13. Prostigmin tablets.
14. Carbarsone tablets
15. Taka Diastase
17. All drugs used for investigation in the X-ray Department
17. Acid ascorbic ampoules and tubes
18. Prostigmin ampoules
19. Pethidone ampoules
20. Discoumarol
21. Priscol..
22. Nitrogen Mustard
23. Hetrazan
24. Methionine
25. Plasmosan
26. Panparinit
27. P.A.S.
28. Protein Hydrolysate
29. Aylase ampoules
30. Para/dhyde
31. Paludrine

(G.O. No. 358 3, Health, dated 27th November 1958)
(G.O. No. 722, Health, dated 7th March 1960).

NOTES.—(i) All Government servants of the State Government and employees of local bodies drawing at salary not exceeding Rs. 500 per mensem are exempted from the payment of the cost of special and expensive drugs administered to them and to members of their families.

(ii) For the purpose of rule 29(*a*) and subject to provision of items (i) to (iv) there in drugs which are not ordinarily or normally available at the Medical Store Depot, Madras, and which are not among the drugs in lists I and II above which are considered indispensable for general practice, will be deemed to be special and expensive drugs. The anti-blocks, e.g., acromycine, chloromycetin, streptomycine and the endorcrine, drugs such as A.C T H will however be treated as special and expensive drugs though they may be included in the priced vocabulary of the Medical Store Depot.

(G.O. No. 3583, dated 27th November 1958.)
(G.O. No. 722, Health, dated 7th March 1960).

(iii) The tracheotomy tubes will be supplied free of cost to the indigent patients N.G.Os. and the employees of local bodies drawing a salary not exceeding Rs. 300 per mensem and their families.

(G.O. Ms. No. 103, Health, dated 10th January 1957.)
(G.O. Ms. No. 1256, Health, dated 30th April 1960).
(G.O. Ms. No. 980, Health, dated 10th April 1962.)

(iv) The Deans, Superintendents, and other Heads of Government Medical Institutions are permitted to incur expenditure on the purchase of materials required to prepaer an obturator for the treatment of cancer cases. The obturator will be supplied free of cost to the indigent patients. N.G.Os. and the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families.
drawing salaries not exceeding Rs. 300 per mensem and their families.

(G.O. Ms. No. 73, Health, dated 11th January 1960.)
(G.O. Ms. No. 1255, Health, dated 30th April 1960.)

(v) The 'Acrylic lens' will be supplied free of cost to the indegent patients, N.G.O's and their families and the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families treated in the Ophthalmic Departments of Government Medical Institutions, The cost of the lens will however be recovered from paying patients.

(G.O. No. 1547, Health, dated 22nd May 1957).

(vi) The Pydenza ventriculo Artialshunt valve tubes will be supplied free of cost to the Government servants whether Gazetted or Non-Gazetted drawing salaires not exceeding Rs. 500 per mensem and to the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and their families proveide the total number of cases to be treated with the free supply of the valve is restricted to 15 to 20 in a year. If the total number of cases already treated with the free supply of the valve is 20 or more, the opertation will be done to the pesonnel referenc to above only if they agree to pay the cost of the tube.

G.O. No. 980, Health, dated 10th April 1962.)

(*b*) *Out-patient.*—(1) Special and expensive drugs may be issued free of cost to indigent patients, Government servants and their families and the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem and members of their families subject to the following conditions :—

(i) Injections are given only at thehospital ; and

(ii) not more than one day's medicine is given to the patients to be taken at home.

But discretion is allowed to Medical Officers to supply indigent patients, Government servant end their families and employees of local bodies drawing a salary not exceeding Rs. 300 per mensem and their families with two day's medicines wherever necessary.Provided that in the case of any such persons suffering from tuberculosis, one week's medicine may be supplied with the approval of the Head of the Institution.

(iii) "The patients attending Psychiatric clinics may be issued four weeks drugs at a time subject to the following conditions ":—

(a) The medicine have to be given to the relative or person who comes along with the patients and not to the patient himself.

(b) The relatives who accompany the patient have to be told that the custody of the drug is their responsibility and they should keep the drugs securely in places in accessible to the patient.

(c) The medicines should be administered to the patient as per the prescription issued by the Medical Officer.

(d) The medicines should not be issued to the patient himself, if he comes alone.

(G.O. Ms. No. 2166, Health, dated 5th October 1977).

(2) Well-to-do patients shall purchase from out side the special and expensive drugs prescribed.

(G.O. Ms. No. 3458, Health, dated 11th November 1955.)
(G.O. Ms. No. 3422, Health, dated 26th November 1957.)
(G.O. Ms. No. 3583, Health, dated 27th November 1958.)
(G.O. Ms. No. 722, Health, dated 7th March 1960.)

(3) Indian medicine may, however, be supplied for three days to personnel entitled to free medical concessions (including members of their families) when they attend out-patient departments in the Government Medical Institutions of the Indian Medicines. They will be eligible for the reimbursement of the cost of Indian medicine purchased by them at the instance of the Medical Officers attached to the out-patient departments of the Government Medical Institutions of the Indian Medicine due to the non-availability of such medicines in the hospitals and are essentially required for treatment subject to the following conditions :—

(i) that the cash vouchers for the purchase of the medicine and the essentiality certificates issued by the Medical Officers who prescribed the medicines, are produced by the entitled personnel and

(ii) that the bills are scrutinised by the Heads of the Medical Institutions concerned.

(G. O. Ms. No. 291, Health, dated 1st February 1962.)

29-A. Notwithstanding the provisions of Rule 29(*a*) Government Servant or an employee of a .local body of drawing salary not exceeding Rs. 300 per mensem will not be liable to pay the cost of any special and expensive drugs issued from the Hospital stock in connection with his treatment or the treatment of a member of his family, whether as an in-patient or out-patient, He will also be eligible for the reimbursement of the cost of any special and expensive drug purchased by him in connection with his treatment or the treatment of a member of his family at the instance of the concerned Authorised Medical Attendant or other entitled Medical Officer or the Medical Officer in-charge of the case at the hospital subject to the following conditions :—

(i) A claim for reimbursement of the cost of special and expensive drugs should be accompanied by an "Essentiality Certificate' from the Authorised Medical Attendant or from the Medical Officer who was in charge of the case in the hospital. The certificate should be in the following form :—

I certify that Thiru/Thirumathi/Selvi....................employed in the..........has been under treatment at the hospital at my consulting room, his her residence and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the ....for supply to patients and do not include proprietory preparations for which cheaper substances of equal therapeutic value are available nor preparations which are Primarily foods or disinfectants.

Period of treatment from to

Nature of illness :

(In the case of 'Diabetes' the date of first detection of the disease should also be indicated.)

Name of medicines :

Signature and designation of the authorised Medical Attendant.

Signature of the Medical Officer incharge of the case at the Hospital.

NOTES.—(1) The authorised Medical Attendent or the Medical Officer Incharge of the case in the hospital is prohibited from prescribing expensive drugs, tonics, laxatives or other elegant and proprietary preparations when drugs of equal therapeutic value are available in the hospital/Dispensary.

(2) The reimbursement of the cost of the preparations which are not medicines but are primarily foods tonics, toilet preparations or disinfectants is not admissible.

(ii) All the relevant sub-vouchers should be attached to the bill in which the reimbursement of the cost of special and expensive drugs is claimed.

(G.O. No. 246, Health, dated 21st January 1958.)
(G.O. No. 863, Health, dated 5th March 1956.)
(G.O. No. 722, Health, dated 7th March 1960.)
(G.O. No. Ms. 1661, Health, dated 25th June 1963.)

The claim for the reimbursement of the medical expenses submitted with duplicate cash vouchers duly authenticated can be accepted in the case of genuine loss of original vouchers provided the following conditions are satisfied :—

(1) That the Medical Officer countersignes the duplicate cash vouchers;

(2) that the head of the office in which the Government Servant is employed satisfied him self by independent verification of the bonafides of the statement of the employees regarding the loss of the original cash vouchers :

(3) that no other medical claims for the period involved has been admitted previously ;

(4) that the period of time lag between the dates of the original each vouchers and the date of the duplicate cash vouchers is not more than three months.

(5) that the necessary note is kept in the medical claim register against this particular claim regarding the submission of the duplicate cash vouchers in lieu of the original vouchers reported as lost ;

(6) that the drawing officer records on the bill the reasons for acting on the duplicate cash vouchers in as much as the expression 'sub-voucher' mentioned in S.R. 8 Under T.R. 16 refers to original sub-vouchers only.

(G.O. Ms. No. 2635, Health, dated 26th November 1970.)

(iii) The essentiality certificate should contain the names of all medicines prescribed and the amount incurred on the purchase of each medicine, the sub-vouchers or credit bill receipted subsequently being duly countersigned by the Medical Officer prescribing the medicines. The essentiality certificate should also bear the office of the hospital to which the Medical Officer attached or the office seal of the dispensary indicating clearly the hospital to which the dispensary is attached.

(Government Memo. No. 14165/E9/68-18, Health, dated 1st July 1970.)
(G.O. Ms. No. 1336, Health, dated 16th July 1969.)

(iv) The essenticlity certificate issued by the Honorary Medical officer in the rauk a Civil Surgeon Working in Government Medical institutions shall also be admitted by claiming the reimbursement of Medical expenses.

(G.O. Ms. No. 1727, Helath, dated 29th July 1977.)

(v) A non-gazetted Government Servant or an employee of a local body who is not eligible residential treatment will not be eligible for reimbursement of the amount spent on the purchase of the special and expensive drugs, in connection with his treatment or the treatment of his family at his residence. The reimbursement of such expenditure will, however, be admitted in the case of non-gazetted Government Servant or an employee of a local body who is eligible for residential treatment.

(G.O. No. 3635, Health, dated 9th October 1953.)
(G.O. No. 313, Health, dated 9th February 1954.)

(vi) The expenditure incurred on the purchase of special and expensive drugs by the Government Servants and employees of local bodies. who die while undergoing treatment will be reimbursed to the wife, children, legal heir of the deceased employer.

(G.O. Ms. No. 2380, Health, dated 19th December 1969.)

(vii) In the case of all Government Servants and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem when they are on leave, the authorised medical attendant will be determined with reference to the place where the person falls whether it be his or her permanent residence of place of casual stay where he or she may be spending his or her leave.

(viii) The Gazetted Officers who revert to non-Gazetted posts while on leave should be treated as non-gazetted officers for purposes of medical attendance during such periods of leave.

(G.O. No. 3691, Health, dated 13th October 1973).

(ix) An entitled person is not eligible for the reimbursement of the medical expenses including the cost of spcial and expensive drugs purchased by him in connection with his traetment or the treatment of the members of his families for "Venereal Diseases" and Derilium Tremens".

(G.O. Ms. No. 1221, Health, dated 7th April 1956.)

(x) The claim for reimbursement of medical expenses may be preferred within a period of three months, from the date of completion of treatment. If the treatment last for more than month, the claim may be preferred once a month, The provisions of Articles 52 and 54 of the Tamil Nadu Financial Code, Volume I, including the 15th per cent cut, are applicable to the payment of belated claims.

(G.O. No. 2791, Health, dated 10th September 1959.)
(G.O. No. 2156, Health, dated 3rd August 1954.)
(G.O. No. 3151, Health, dated 6th October 1953.)
(G.O. Ms. No. 2804, Health, dated 24th August 1970.)

(xi) Sales tax and additional tax paid by Government Servants and other entitled persons whilepurchasing special and expensive drugs from the open market in connection with their treatment and treatment of members of their families, will be reimbursed to them "

(G.O. No. 2686, Health, dated 29th August 1959.)
(G.O. No. 3230, Health, dated 5th November 1959.)
(G.O. Ms. No. 406, Health, dated 11th February 1971.)

(xii) All Government Servants of Groups A & B including I.A.S. Government Servant of Groups C and D shall use the form indicated below for clainery reimbursement of the medical expenses incurred by them in connection with the medical attendance and/or treatment for themselves and for the members of their families.

FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF MEDICAL EXPENSES IN CONNECTION AND/OR TREATMENT OF GROUPS A & B GROUPS C & D GOVERNMENT SERVANTS OF TAMIL NADU GOVERNMENT AND OTHER ENTITLED PERSONNEL AND THEIR FAMILIES.

N.B.—Separate form should be used for each patient.

1. Name and designation of the Government Servant (in Block Letters)
2. Office in which employed .. ..
3. Groups A & B or Groups C and D .. ..
4. Residential Address :
5. Name of the patient and his/her relationship to the Government Servant.
6. Period of treatment and nature of illness .. .. ..
7. (i) Cost of medicines purchased from the market (list of medicines, cash memos. and essentiality certificate should be attached.)

   (ii) Other charges

Total

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT.

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expens were incurred is wholly dependent on me.

Station : Signature of the Government Servant.

Date : Designation :

ESSENTIALITY CERTIFICATE.

I certify that Thiru/Thirumathi/Selvi

employed as in the

has been under treatment at the hospital/my consulting room/at his/her residence and that the undermentioned medicines prescribed by me in this connection were essential for the recovery of the patient.

The medicines are not stocked in Hospital for supply to patients and do not included proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods of disinfectants.

Period of Treatment : From To

Nature of illness :

Name of medicines :

Total Rs.

Signature and designation of the Authorised Medical Attendant/ Signature of the Medical Officer in charge of the case at the Hospital.

(G.O. Ms. No. 1727, Health, dated 29th July 1977.)

NOTES.—(1) When the parents (both father and mother) are Government Servants the dependency of their children, certified in the first instance should be taken into account for the purpose of treatment and subsequent alteration should not be allowed. This should also be applicable to the children dependants of those employed in the local bodies.

(G.O. Ms. No. 741, Health, dated 18th April 1969.)

(2) The reimbursement bills of Gazetted Officers should be countersigned by the controlling by the Officer or by the authority competent to countersign the Travelling Allowance bills of these officers. The controlling authorities for purpose of reimbursement of the medical expenses incurred by the employees of local bodies including Panchayat Union Councils are the District Officers in the Moffussil and the heads of Medical Institutions in the city of Madras. The expenditure on his accounts should be debatted to "280, Medical A. Allopathy, b. Medical Relief. I. Non-Plan Schemes under the control of Director of Health Services and Family Planning AA. Hospital and Dispensaries. 01. Salaries (iii) Medical Charges".

(G.O. Ms. No. 2098, Health, dated 8th September 1970.)
(Govt. Memo. No. 138698-E5/69-1, R.D.L.A., dated 11th August 1963.)

(3) The Gazetted Officers who are competent to present Travelling Allowance bills without counter signature may present medical reimbursement bills also without any special sanction in all cases which comply with standing instructions (i.e.) where no relaxation or rules is involved. Where however, any relaxation of rules is called for, the sanction of Government should be obtained.

(Govt. Memo. No. 128695/H5/62-1, R.D.L.A., Dept., dated 11th February 1963)
(Govt. Memo. No. 99299/HB/68-3, dated 24th February 1964')s

(xii) (a) All Government Servants of Groups A and B including I.A.S./Government Servants of Groups C and D shall use the form indicated below for claiming reimbursement of Medical expenses incurred by them in connection with the medical attendance and/or treatment for themselves and for the members of their families in the Local Fund Private Hospitals/Clinics.

Form of application for claiming reimbursement of medical expenses in connection with and/or treatment of Government Servants of Tamil Nadu Government and their families from Local Fund/Private Hospitals/Clinics.

II

FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF AMOUNT FOR TREATMENT TAKEN IN THE LOCAL FUND/PRIVATE HOSPITAL OR CLINIC.

N.B.—Separate form should be used for each patient.

1. Name and designation of Government Servant (IN BLOCK LETTERS)

2. Office in which employed .. ..

3. Whether the applicant belongs to Group A B, C or D ..

4. Residential address. .. ..

5. Name of the patient and his/her relationship to the Government Servant.

6. Period and nature of illness .. ..

7. Details of expenses incurred in Local Fund/Private Hospitals or clinic.

8. (a) Place where treatment was had (The name of the hospital/Nursing Home should be specified.)

(b) Charges for hospital treatment indicating separately the charges for,

(i) consultation .. ..

(ii) Accommodation .. ..

(iii) Diet .. ..

(iv) Surgical operation or medical treatment or confinement

(v) Pathological/Bacteriological or other similar test .. .

(vi) Medicines .. ..

(vii) Special medicines (list of medicines, cash memos and essentiality certificate should be attached.

Total Rs. ..

(viii) Nursing .. ..

(ix) Other charges .. ..

9. List of enclosures :

Total Rs. ..

DECLARATION TO BE SIGNED BY THE GOVERNMENT SERVANT.

I hereby declare that the statements in this application are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me.

Station : Signature of the Government Servant.

Date :

CERTIFICATE.

"Certified that the relevant bills have been scrutinised and that the amount of Rs. claimed is reasonable and the expenditure incurred was necessary.".

Date : *District Medical Officer.*

Superintendent or Dean of the Hospital.

ESSENTIALITY CERTIFICATE.

I certify that Thiru/Thirumathi/Selvi.. employed in the....................................has been under treatment at my consulting room at his/her residence and that the undermentioned medicines presribed by me in this connection were essential for the recovery of the patient.

The medicines are not stocked in..............................Hospital for supply to patients and do not include proprietory preparations for which chearper substances oi equal therapeutic value are available not preparations which are primarily or disinfectants.

Period of Treatment .. ..

From To

Nature of illness .. ..

Name of medicines :

Signature and designation of the Authorised Medical Attendant.

(Signature of Medical Officer in charge of the case of the Hospital.)

NOTES.—(1) The Authorised Medical Attendant or the Medical Officer in-charge of the case in the Hospital is prohibited from prescribing expensive drugs, tonics, laxatives or other elegant and proprietary preparations for which cheaper substances of equal therapeutic value are available in the hospital/dispensary.

(2) The reimbursement of the cost of the preparation which are not medicines but are primarily foods. tonics, preparations or disinfectiauts i s not admissble.

(3) In the case of "Diabetics" the date of first detection of the disease should also be initmated.

(G.O. Ms. No. 480, Healthand Family Welfare, dated 11th March 1978.)

(xiii) (a) A Medical Officer will be an Authorised Medical Attendant for himself and for the members of his family. In the matter of prescription of costly and expensive drugs the Medical Officer in the muffasal except District Medical Officer, should obtain the prior approval of the head of the medical institution to which he is attached or of the DistrictMedical Officer concerned, if he himself the head of the medical institution. In Madras City, the Medical Officer other than the head of the institution should obtain the prior approval of the head of the institution concerned. The District Medical Officers, the heads of city medical institutions and other Medical Officers working directly under the control of the Director of Health Services and Family Planning/the Director of Medical Eduation should obtain the prior approval of the Director of Health Services and Family Planning/the Director of Medical Education, as the case may be, for drugs purchased by them in normal cases post fact approval may however be obtained in cases of emergencies and the cost of such drugs as are considered unnsecessary by the heads of institutions or the District Medical Officers or the Director of Health Services and Family Planning or the Director of Medical Education as the case may be, will be disallowed.

(Govt. Memo. No. 14165-68-18, Health dated 1st July 1970.)

(b) The Medical Officers are empowered to issue essentiality certificates in respect of the cost of drugs purchased for themselves or for the members of their families. Such certificates will be accepted and the claims for reimbursement of the cost of special and expensive drugs from the State funds will be admitted subject to the scrutiny of the certificates by the respective controlling officers empowered to countersign the Travelling Allowance bills. The Director o. Health Serviees and Family Planning or the Director of Medical Eduation as the case may be will act as the controlling officer in the case of District Medical Officers, the heads of the city Medical institutions and others working directly under them.

(G.O. Ms. No. 2340, Health, dated 14th September 1960.)
(Government Memo. No. 14145-H-9 68-18, dated 1st July 1970.)

NOTES.—(1) A Medical Officer who is not attached to any Government Hospital and who acts as an Authorised Medical Attendant for himself or the members or his family should first arrange to obtain the medicines required for himself or his family from the Government Hospital to which he is attached. He can purchase the medicines in the open market only if the head of that Government Hospital Certifies that the required medicine or medicines or aqual therapeuticalve are not stocked in the hospital for supply. He will issue the necessary essentiality certificate and claim reimbursement of the cost of medicines purchased in the open market subject to the production of the certificates on non-availability of medicine issued by the head of the Government hospital concerned.

G.O. Ms. No. 1552 Health dated 21st June 1961.

(2) The Medical Officers attached to the E.S.I. Medical Institutions (hospitals and dispensaries) will be treated as Medical Officers not attached to Government Hospitals, for the purpose of obtaining medicines in clusive of costly drugs and of the issue of essentiality certificates for themselves and the members of their families and the procedure indicated in Note (1) above will also be applicable to them.

(G.O. Ms. No. 1579, Health, dated 19th July 1962.)

(xiv) The State Government servants and the employees of the local bodies shall be allowed to reimburse the cost of medical expenses incurred by them for the treatment of 'Diabetes' in respect of themselves and their families, However the claims for reimbursement of cost of medical expenses incurred by them beyond three months after the first detection of the disease shall be allowed subject to the production of blood and sugar test reports once in a year along with the medical reimbursement claim.

All diab ic preparations are also admissible for reimbursement inrrespective of the fact that such preparations are stated to be inadmissible in the list of inadmissible medicines provided the conditions mentioned above are satisfied in such cases.

(G.O. Ms. No. 1661, H, dated 25th June 1963,
Government Memo. No. 35499/H8/64-5H, dated 3rd September 1964.
G.O. Ms. No. 16, Health, dated 3rd January 1974.)

The following shall be added as condition No. (15) under Rule 29-A of the Tamil Nadu Medical Attendance Rules ;—

Condition No. (xv) ;—Wherever the total reimbursement claimed in a year by a Government servant is in excess of one month's basic pay of the individual concerned, the sanctioning uthority may direct the Government servant produce a certificate from a Civil Surgeon/Specialists about the necessity for such treatment and may make such other enquiries as may be necessary

satisfy himself about the genuineness of the claims. All heads of offices/sanctioning authorities shall maintain a register in the following form, employee-wise/only, furnishing the following particulars ; which shall be reviewed once in a quarter by the sanctioning authority, to detect any malpractices.

1. Serial number.

2. Current number and date.

3. Name of the patient.

4. Relationship of the patient with the Government servant.

5. Basic pay of the Government servant.

6. Amount of reimbursement sanctioned so far.

7. Whether the certificate from the specialist has been produced.

8. Period of treatment from To

9. Nature of illness.

10. Amount claimed.

11. Amount passed for payment (indicating disallowed amount and imposing 15 per cent on belated claims).

12. Signature of the Assistant.

13. Signature of the Superintendent/Section Head.

14. Signature of the Officer (Sanctioning Authority).

15. Name of the Authorised Medical Attendant and the medical institute to which he/she is attached.

16. Name of the Chemist/Medical stores.

(G.O. Ms. No. 367, H. & F.W., dated 10th February 1977,
Government Memo. No. 33699/T1/77-14, dated 29th May 1978.)
(Government Memo. No. 54507/T1/78, Health, dated 30th September 1978.)

29-B. The Government servants and employees of local bodies drawing salaries not exceeding Rs. 300 per mensem will be granted an interest-free advance not exceeding Rs. 350 (Rupees three hundred and fifty only) to meet the initial expenditure on the purchase of hearing aids subject to the following conditions ;—

(i) Only the permanent employees and approved probationers with more than five years of total service in a regular capacity will be eligible for the advance.

(ii) The application for an advance should be submitted to the Government through the Accountant-General, Madras who will forward it to the Government with a certificate regarding the availability of fund under the head of account "Advances for the purchase of hearing aids"

NOTE.—Applications need not be sent through the Director of Health Services and Family Planning, Madras in view of the certificate from the Authorised Medical Attendant or the Ear, Nose, Throat Specialist attached to the hospital *vide* sub-rule (iii) below.

(iii) The application should be supported by a certificate from the Authorised Medical Attendant or the specialist attached to the Ear, Nose, Throat department of Government Hospital to the effect that the hearing and necessary. Such a certificate should also indicate the type of hearing aid and the approximate cost thereof.

(iv) The amount of advance should be fixed with reference to the approximate cost given in the certificate of the Authorised Medical Attendant or the Ear, Nose and Throat Specialist, Fifty per cent of the amount of advance would be recovered from the grantee in monthly instalment not exceeding twenty-four. The remaining half of the amount of advance which is reimbursable to the entitled personnel be treated as reimbursement immediately after the entitled personnel

produces the necessary vouchers. in support of the payment towards the purchase of hearing aids and adjusted by initial book adjustments by per contra debit to the detailed head 'Medical Charges' under the relevant services head of the personnel concerned.

(v) Government servant should purchase the hearing aid within one month from the date of drawal of the advance and produce to the head of office necessary vouchers to show that he has spent not less than the amount of advance on the purchase of hearing aid. If the cost of hearing aid is less than the amount he should immediately refund the excess amount. As soon as the Government servant purchases the hearing aid and produces the voucher to the head of his office (in the case of the non-gazetted officers) a certificate should be furnished by the head of the office concerned to the Accountant-General, Madras, in the following form to enable him to make necessary adjustment.

"Certified that the advance of Rs. (Rupees only) for the purchase of hearing aid to Thiru sanctioned in G.O. Ms. No. , dated was drawn on and fully utilised by the grantee/and utilised to the extent of Rs. by the grantee and excess amount of Rs. was refunded under chalan No. into the

The grantee has produced necessary vouchers for the purchase on the hearing aid for Rs (Rupees only).

Signature and designation of
the head of the office.

As regards Gazetted Officers they should furnish the certificate along with the voucher for the purchase price of hearing aids to the Accountant General, Madras in the following forms:—

"I Thiru certify that the advance of Rs. (Rupees only) for the purchase of hearing aid sanctioned to me in G.O. Ms. No. , dated was drawn by me on . and fully utilised /was utilised to the extend of Rs. and the excess amount of Rs. was refunded under Chalan No. dated into the

The voucher for this payment of cost of hearing aid is forwarded herewith.

Signature and designation of
the officer.

(vi) The responsibility of watching and effecting recovery of the advance rests on the same sanctioning or pay disbursing authority.

(G.O. Ms. No. 2428. Education and Public Health, dated 21st October 1961.)
(Govt. Memo. No. 29557/H2/60-17 Health, dated 25th June 1962.)
(Government Memo. No. 99307/H8/62-5, Health, dated 4th April 1963.)
(Government Memo. No. 53598/H8/63-5, Health, dated 28th September 1963.)

29-C. The Government servants and the employees of local bodies drawing salaries not exceeding Rs. 300 per mensem will be eligible for the reimbursement of the expenditure incurred by them on the purchase of orthopaedic appliances such as surgical boots, spinal brace, knee calipher and other appliances subject to the following conditions :—

(*a*) Such appliances should have been prescribed by the Medical Officers working in the Orthopaedics Department of the Government Medical Institutions during the in-patient treatment and duly certified by the head of the Medical Institution concerned that the appliances are essentially required for the completion of treatment. In the case of Institutions where there are no separate Orthopaedic Departments, the appliances should be prescribed by a selection category Assistant Surgeon or Civil Surgeon of the District concerned who happens to be the head of the institution duly furnishing a certificate by themselves that the appliance is essentially required for the completion of treatment.

(*b*) The Artificial Limb Centre should indicate the type of appliances and the approximate cost thereof.

(*c*) The cost of such appliances may be reimbursed to the personnel referred to above as in he case of the cost of drugs purchased in the open market duly supported by the certificates referred to at (*a*) and (*c*) above together with the cash bill for the purchase of appliance.

(G.O. Ms. No. 1334, Health, dated 30th May 1962.)
(Government Memo. No. 120795/H8/6/27, Health, dated 29th August 1962).

(*d*) The cost of orthopaedic appliance to the entitled personnel purchased for the replacement of the existing one when it is certified by an orthopaedic surgeon as essential. furnishing the reasons for prescribing it, will be reimbursed. Such replacement can be availed of by Government Servants thrice during their service period.

(Government memo. No. 15948/T1/77-4, Health, dated 19th May 1977).

(*e*) The claim for reimbursement of cost of orthopaedic appliances should be accompanied by an essentiality certificate in the following form :—

ESSENTIALITY CERTIFICATE.

PART I.

I certify that employed in has been under treatment at the Orthopaedic Department, Government Hospital and the undermentioned Artificial Limb/Orthopaedic Appliances prescribed by me in this connection was /were essential for the completion of the treatment.

Period of treatment from : To
Nature of illness :

Name of artificial limb/orthopaedic appliance.

Cost of Rs.

1.

2.

3.

Assistant Surgeon,
Orthopaedic Department,
Government Hospital,
Orthopaedic Surgeon,
Government Hospital,

PART II.

(Certificate required under Govt. Memo. No. 120795 H8/72-7, Health, dated 29th August 1963.)

It is certified that the artificial limb/orthopaedic appliance supplied and fitted to patient Thiru/Tmt./Selvi Son/Daughter/Wife/Husband of was essentially required for the completion of treatment.

DETAILS OF AMOUNT COLLECTED RUPEES.

Vide Receipt No. dated for artificial limb/orthopaedic appliance.

DEAN/SUPERINTENDENT
GOVERNMENT HOSPITAL,

(G.O. Ms. No. 1470, Health, dated 22nd June 1970.)

29-D. State Government servants and other persons entitled for free medical concession can reimburse the ambulance charges in connection with the transport of patient from residence to hospital and hospital to hospital on account of emergency and from place of duty to hospital and when they meet with accident while on duty subject to the condition that the claim for reimbursement of ambulance charges is supported by a certificate issued by an Authorised Medical Attendant or who treated the Government servant at the hospital to the effect that the use of an ambulance Van was quite necessary to transport the patient to the hospital from the places referred to above. The servant should initially meet the expenditure and reimburse the charges duly producing the certificate and relevant vouchers, etc..

(G.O. Ms. No. 54, Health, dated 8th January 1965,)
(G.O. Ms. No. 49, Health, dated 10th January 1968.)
)Government Memo. 9940/H9/68-8, Health, dated 22nd November 1969)
G.O. Ms. No. 164, Health, dated 20th January 1971.)

"29-E. The Government servants of ' C ' and ' D' Group will be eligible for the reimbursement of the actual cost of spectacles (including the frame) up to a maximum limit of Rs. 40 (Rupees forty only) subject to the following conditions :—

(*a*) The spectacles should have been prescribed by the Ophthalmic Surgeon not below the rank of a Civil Assistant Surgeon attached to a Government Medical Institution to the Government servant concerned for his own use.

(*b*) The spectacles will be supplied to the Government servant only once during his service. An entry about the reimbursement of the cost of spectacles purchased shall be recorded in the service Register (preferably at page 2) of the Government servant concerned at the time of claiming the amount. A certificate of entry in the Service Register should also be attached to the bill for reimbursement of spectacles adding that no claim was made previously for this purpose.

(Government Letter 69293-A LL. I/79-3, Finance, dated 12th October 1979.)

(*c*) Those Government servants who are not wearing the spectacles as on 1st August 1978 alone will be eligible for reimbursement. A certificte of non-wearing of spectacles as on 1st August 1978 furnished by the Civil Ophthalmic Assistant Surgeon should also be attached to the bill for reimbursement of spectacles.

(Government Letter No. 31275 –A11-I/79-1, Finance, dated 9th July 1979.)

(*d*) The Government servants appointed under General Rules 10(a)(i) of Tamil Nadu State and Subordinate Services are not eligible for the above concession.

(*e*) The Government servant should use the form indicated below for claiming the refund of the cost of spectacles purchased by him.

"NOTE :—The above concessions are not applicable to the full time menials who are paid at monthly rates from the office contingencies ."

Government Memo. 123269-A/A11/I/78-2, Finance, dated 12th December 1978.
Government Memo. 27823A/A11/-I/79-1, Finance, dated 13th June 1979.

ANNEXURE.

FORM OF APPLICATION FOR CLAIMING REIMBURSEMENT OF COST OF SPECTACLES PURCHASED BY THE GOVERNMENT SERVANTS OF 'C' AND 'D' GRADE OF TAMIL NADU GOVERNMENT FOR THEIR OWN USE.

1. Name and Designation of the Government Servant .. ..
2. Office in which employed
3. Whether the Government Servant belong to ' C ' and ' D ' Grade.
4. Residential Address :
5. Cost of spectacles purchased from the market (List of cash memos. and essentiality certificate should be attched).

Total Rs. ..

Declaration to be signed by the Government Servant,

I hereby declare that the statements in the application are true to the best of my knowledge.

Station : Signature of the Government Servant.

Date : Designation :

30. Separate wards of beds should not be reserved in Government Hospitals for particular castes or communities.

31. (*a*) The charges to be levied from paying patients will be calculated at the rate of one day's charge for every complete period of 24 hours of the patient's stay in the hospital. Fractions of 24 hours whether in excess of the above or forming in all less than one day should be charged for as a full day.

(*b*) In a case where a patient is first admitted in a lower class ward and subsequently transferred to a higher ward class on the same day of admission, the patient shall not be charged separately for his stay in the lower class ward but shall be charged at the rate applicable to the higher class ward from the time of his admission in the hospital in the lower class ward.

(*c*) In a case where a patient is transferred to a higher class ward after his stay for some days in the lower class ward, separate charges shall not be levied for the excess period over multiples of 24 hours he may have stayed in the lower class ward but he shall be charged as if he was in the higher class wards during such excess period.

(*d*) In a case where a patient is transferred at his request from higher class ward to a lower class ward after his stay for some days in the higher class ward, the charge for fraction of 24 hours in the higher class ward shall not be levied, if it is less than 12 hours. In any case of transfer, only one charge for every complete period of 24 hours shall be levied.

(G.O. Ms. No. 2976, Health, dated 29th August 1951.)

32. Attendants admitted into the Government hospitals on behalf of patients should be charged at the following rate for accommodation and diet :—

General ward.	*Daily charge.*
(1)	(2)
Attendant on a patient whose income or the income of the head of whose family is more than Rs. 200 per mensem and above according to the clause in rule 13.	The rates prescribed for Nursing and accommodation for diet in rule 13.

Special ward.	*Daily charge.*
(1)	(2)
For each attendant on a patient whether entitled to free medical attendance or not.	The rate prescribed for nursing and accommodation and for diet in rule 15 and the rates of accommodatiom and diet under items (a), (*b*), (*c*) and (*e*) in rule 17.
Islation sheds within the Government Cinchona Plantations, Attendant on a patient entitled to free medical aid.	The rate prescribed for diet in rule 13.

(G.O. Ms. No. 2508, P. H., dated 18th December 1944.)
(G.O. Ms. No. 2226, Health, dated 6th July 1959.)
(G.O. Ms. No. 2347, Health, dated 6th July 1959.)

NOTES.—(1). Attendants who are Government Servants or employees of local bodies drawing salaries not exceed Rs.300 per mensem admitted along with their child patients are exempted from payment of hospital stoppages in respect of accommodation. Exemption from payment of diet charges will be allowed only when they are attending on very small children or dangerously ill cases and are unable to make arrangements to get their own food But the attendants who are Gazetted Officers should be required to pay diet charges in full.

(G.O. Ms. No. 2019, Health, dated 10th September 1962.)

ESSENTIALITY CERTIFICATE.

I certify that Thiru/Tmt./Selvi...

employed as in the ....has been under treatment at the hospital my consulting room/at his/her residence and that the undermentioned spectacles prescribed by me in this connection is essential for him/her.

Nature of defect.

Nature of Spectacles.

Total Rs.

Signature and designation of the Ophthalmic Surgeon in the rank of a Civil Assistant Surgeon attached to the Government Medical Institution.

(G.O. Ms. No. 759, Finance (Allowances-I) Department, dated 29th July 1978.)

(Government Memo. No. 103958/A/A11-I/78-1, Finance (Allowances-I) Department, dated 21st October 1978.)

(Government Memo. No. 112031/A11-I/78-2, Finance (Allowances-I) Department, dated 27th November 1978.)

(Government Memo. No. 31475/A-A11/1/79-2, dated 13th May 1979.)

(2) "Attendant" includes also the mother who is admitted in the interest of the treatment of her child.

(3) An attendant should be admitted in the general wards only if the Superintendents of the hospital or the Medical Officer concerned certifies in each case that such admission is necessary in the interest of the patient conconerned.

(4) In the case of breastfed children admitted along with sick mothers and fed in the hospitals, charges should be recovered at the rate of one-half of the diet charges, recoverable from the mothers, subject to a maximum of 59 paise per day.

(5) Attendants, who do not live in the hospitals, may be given passes to enable them to visit patients when required. Such attendants will not be liable to any charge.

(6) Attendants, when admitted by Medical Officers, should ordinarily be allowed to arrange for their food from outside the hospital and be given 'self-diet passes' but in time of epidemics when food should not be brought from outside the 'self-diet' should be cancelled and attendants should be prohibited from bringing food from outside the hospital. Such attendants when allowed to arrange for their food from outside will be liable to charge one-half of the consolidated charges for accommodation and diet.

(7) Attendants on patients in the special wards of the Government Tuberculosis Sanatorium, Tambaram, who made their own arrangements for food will not be liable to any charge.

(8) A fee of Rs. 12 per annum per patient will be levied from patients admitted into the Government Tuberculosis Sanatorium, Tambram, for permission to engage their own private servants to attend on them.

(G.O. Ms. No. 2662, Public Health, dated 23rd September 1944).
(G.O. Ms. No. 928, Health, dated 9th March 1956.)

(9) Attendants in the case of non-gazetted Officers and their families and employees of local bodies drawing a salaries not exceeding Rs.300 per mensem and their families admitted in the Government hospitals are exempted from payment of hospital stoppages in respect of accommodation and nursing. Exemption from payment of diet charges will be allowed only when they are attending on very small children on dangerously-ill cases and are unable to make arrangements to get their own food.

(G.O. No. 2736, Health, dated 9th September 1967.)
(G.O. No. 3765, Health, dated 17th December 1957.)

33. Children of sick patients may be admitted into the Government hospitals along with their parents, if they would otherwise be uncared for. The charges to be recovered in respect of such children should be half the rates for accommodation and diet charged for the parent.

NOTES.—(1) Children aged three years and below admitted in the Government hospitals along with parent who are Non-Gazetted Officer and employees of local bodies drawing salaries not exceeding Rs. 300 per mense more exempted from the payment of hospital stoppages in respect of accommodation and diet.

(2) Children between the ages of three and twelve of such sick parents will be charged for accommodation and diet at half the rates levied for the paying patients.

(3) The concessions mentioned in Notes (1) and (2) above are applicable to the Gazetted Officers also subject to the condition that they have to pay the diet charges in full.

(G.O. Ms. No. 2019, Health, dated 10th September 1962.)

34. In the case of State Gazetted Government Servants and other persons employed on monthly salary basis, charges will be recovered on the basis of the actual salary drawn by them during the period of treatment. In the case of non-salaried persons the charges will be recovered on the basis of the monthly income as reported by them at the time of admission in the hospital, the information given by them being got verified where necessary by a reference to the revenue authorities.

NOTES (1).—Wage earners admitted for treatment in Government hospitals will be charged on the basis of their actual income during treatment.

(G.O. No. 4070, Health, dated 28th November 1951.)

(2) The hospital stoppages and other charges are recoverable when they are reimbursemented by the employers without references to the actual salary drawn during the period of treatment.

(G.O. No. 2129 Health, dated 31st August 1963.)

35. (i) In case where the charges recoverable under these rules cannot be recovered from the patients themselves. The recovery will be made from the person on whom the patient is dependent or the head of the family as the case may be.

(G.O. No. 2033, Public Health, dated 2nd August 1945.)

(ii) In the case of incomeless parents hospital stoppages will be assessed with reference to the income of the earning son or daughter on whom the patient is actually dependent and the amount due to the hospital authorities will be recovered from the earning son or daughter as the case may be.

(G.O. Ms. No. 2228, Health, dated 30th April 1960.)

36. When two or more children of the same person, who are wholly dependent on him, are treated in the general ward in Government hospitals at the same time, the total charge shall not exceed the daily rate payable by the head of the family.

NOTE.—This rule does not apply to the persons entitled to free medical attendance and treatment including accommodation in Government Medical Institutions.

37. Patients admitted as in-patients in special wards in Government hospital, may be engage private nurses provided the superintendent of the hospital concerned approves of the arrangement. In cases where the services of a nurse have to be placed exclusively at the disposal of patient, an extra fee of Rs. 2 per day for each nurse will be levied excepting the case of persons to whom the Secretary of State's Services (Medical Attendance) Rules, 1938 or the All India Services (Medical Attendance) Rules, 1944, apply and in the case of Officers of the Tamil Nadu State Higher Judicial Service.

If in a case falling under rule 10 (*b*) the patient asks for special nursing he may be given such facilities at his own cost, but if his medical attendant considers such nursing essential, the Government will bear the cost involved.

(G.O. No. 58, Public Health, dated 6th January 1945.)

38. The Director of Health Services and Family Planning and the Director of Medical Education are vested with discretionary powers in special cases, brought to their notice, to reduce the prescribed rates for and class of paying patients in so far as the institutions under their control are concerned, according to the merits of the case may deserve. Application for reduction should be made in form Medical I-44 by the Medical Officer in-charge of the institution.

(Government Memo. No. 14165-H9, 68-18, Health, dated 1st July 1970.)

39. The Hospital authorities shall consistently with humans treatment require all patients to pay the charges in advance for a period not exceeding ten days at the time. Any balance at the credit of a patient on his discharge will be repaid or in the event of death will be returned to the wife or children or the nearest heir, if heirship be disputed, the money shall be kept in deposit until a claimant appears supported by an heirship certificate or other legal authority.

Fees for X-ray examination and treatment shall also be collected inadvance from all patients in-patients as well as out-patients, except in cases of emergency.

Notwithstanding the provisions of the rule, advance payment of hospital stoppages should invariably be insisted on in the case of Railway employees, who are treated as members of the Central Public for purposes of collection of hospital stoppages whether they are admitted in the general or special wards.

(G.O. No. 4079, Health, dated 29th December 1952.)

The time limit for claims of refunds of excess collection of hospital stoppage is three complete financial years from the date of issue of information to the individuals concerned appraising them of the refunds, due.

(G.O. No. 3588, Public Health, dated 12th October 1949.)

The term "Hospital Stoppages" referred to in this rule should be taken to include the charges for accommodation, diet, medicines cost of special and expensive drugs. X-ray charges, blood charges, dental charges, operation and confinement charges, charges for bacteriological, pathological, biochemical examination, radium and electric treatment, etc.

(G.O. Ms. No. 346, Health, dated 8th February 1963.)

NOTE.—A Gazetted Officer who has to pay diet charges need not be required to pay in advance equal to ten days charges. The charges due by him may be collected from him then and there at the hospital.

If however, he fails to pay the charges on demand at the hospital, the bill for the charges should be sent to the office in which he is employed. When the bill for the charges is received, the pay of the Government Servant should be short drawn to the extent of the amount to be recovered. The heads of the Department or Office may, however, order at his discretion the recovery of the charges in instalments not exceeding three.

When the pay of a Government servant is short drawn a separate deduction memo. should be attached to the pay bill showing the nature of recovery and the credit head of account as in the case of Postal Life Insurance Fund deductions. After the recovery has been effected the head of the medical institutions concerned should be informed of the amount recovered.

(Memo. No. 2938-52-1/H3, Health, dated 6th September 1952.)

40. All Officers of the West Bengal, the Punjab, the Madhya Pradesh and Orissa Government and British Officers of the Superior Civil Service only in respect of the Government of Bihar, Uttar Pradesh and Assam are exempted from the payment of medical, surgical and nursing charges when treated in Government hospitals in this state. This arrangement is limited to cases where the officers of the Governments of West Bengal, the Punjab, the Madhya Pradesh and Orissa happen to fall ill when stationed in or travelling on duty through the territory of this Government and not to cases, where officers are merely on leave in this State or where officers of their own choice make journeys in to this State to consult a particular Medical Officer or be treated in a particular institution.

(G.O. Ms. No. 3508, Public Health, dated 18th December 1944.)
(G.O. Ms. No. 1552, Public Health, dated 12th June 1945.)

40-A. Reciprocal arrangements exist with the Governments of Andhra Pradesh, Kerala and Karnataka for free medical attendance to the Government Servants of the States concerned and their families on the following terms and conditions :—

(i) It will be confined to Government servants who are on duty or in transit or happen to pass through or stay in the States concerned other than on duty during leave or due to domestic reasons. The concession is extended to the members of the families of the said Government Servants also ;

(ii) if a Government servant of Groups A and B of the Tamil Nadu Government receives treatment in a Government Hospitals in any of the other three States he may be required to pay diet charges if it is normally recoverable under the rules of that State. Similarly if a Government Servant of Groups A and B of another State receives treatment in a Government Hospitals in the Tamil Nadu State diet charges shall be recovered from him and he may claim reimbursement from his Government if such reimbursement is permissible under their rules.

(iii) If owing to non-availability of a drug in the Hospital a Government servant has to purchase it in the open market in connection with his treatment on the prescription of the doctor attending on him, he may claim reimbursement if permissible under the rules of the Government ; and

(iv) Consultation with a specialist may be made free of charge with the permission of the Head of the Institution to which the specialists is attached".

(Govt. Memo. No. 49358/T1/78-1, Health, dated 12th July 1978.)

41. Anti-rabic treatment will be regulated by the rules and instructions contained in G.O., No. 990 Health, dated 19th March 1953, as amended from time to time.

42. (*a*) Private Patholgical and Bacterilogical work, etc., may be undertaken in all the Government Medical Institutions both in the City of Madras and in the Muffassal where there are facilities for such examinations. The scale of fees to be charged will be as follows :—

Name of work.	*Rate of fees.*
	RS. P.
(1)	(2)
1. Widel's reaction (to any combination of organisms, i.e., typhoid, paratyphoid, malaria, etc.).	5 00
2. Widel's reaction (to a single organism)	5 00
3. Wassermann reaction—	
(*a*) Kahn Test	5 00
(*b*) Combined Kahn and Wassermann Test	8 00
4. Examination of blood smears (for malaria, relapsing lever, etc.)	5 00
5. Examination of blood smears (for differential beucopytic count) ..	5 00
6. Examination of urine—	
(*a*) Clinical qualitative (i.e. chemical and physical)	5 00
(*b*) Clinical quantitative (i.e., estimation of sugar, albuman, urea, acetone, indican, etc.).	5 00
(*c*) Bacteriological	5 00
7. Pus Smears	5 00
8. Scarpings from ulcers, sores, films, etc.	5 00
9. Treponoma pall idum—	
(*a*) Staining	5 00
(*b*) Dark Ground illumination	5 00
(*c*) Both methods combined	8 00
10. Examination of faeces—	
(*a*) Microscopical	5 00
(*b*) Bacteriological	10 00
(c) Both methods combined	12 00
11. Bacteriological examination of diptheria swabs separate or cultures ..	10 00
12. Blood Examinations—	
(*a*) Total R.B.C. count	5 00
(*b*) Total W.B.C. count	5 00
(*c*) Total count, both R.B.C. and W.B.C.	8 00
(*d*) Haemoglobine estimation	5 00
(*e*) Testing for Rhesus factor	10 00

(1)	(2) RS. P.
(*f*) Rhesus typing	10·00
(*g*) Blood Grouping	5·00
(*h*) Direct matching	5·00
(*i*) Cold agglutination	10·00
(*j*) Blood grouping and direct-matching	8.00
13. Cerebrospinal fluid—	
(*a*) Call count	5·00
(*b*) Culture, positive	10·00
(*c*) Culture, Negative	10·00
(*d*) Gold Solution test	10·00
14. Inoculation of small animals for diagnestic process, tubercle, etc., ..	16·00
15. Routine examination of an organism	10·00
16. Sections of morbid tissues	15·00
17. Preparation of special autogenous vaccine—	
(*a*) By use of ordinary media	16·00
(*b*) By complicated media	16·00
(*c*) Where special complication work is necessary involving animal experiment.	16·00
18. Blood cultures (Negative)	10·00
19. Blood cultures (Positive)	10·00
20. Blood grouping	5·00
21. Blood sugar estimations—	
(*a*) For a complete test	30·00
(*b*) For single estimation	7·50
22. One quantitative estimation of Chloride Phosphates. createnine or cholesterol of blood.	18·00
23. Based Metebolic rate	25·00
24. Estimation of any blood constituent excluding blood sugar (each time) ..	18·00
25. Faeces qualitative (examination)	7·00
26. Estimation of fats and fatty acids in faeces	22·00
27. Van Den Bergh qualitative examination	7·50
28. Van Den Bergh quantitative examination	18·00

(1)	(2)	
	RS.	P.
29. Fragility of red corpuscles	10	00
30. Fractional test meal, analysis only	37	50
31. Fractional test meal, performing the test in the laboratory and analysis	60	00
32. Sedimentation test	5	00
33. Bleeding time	5	00
34. Congulation time	5	00
35. Analysis of cerebrospinal fiuid (for each quantitative estimation) ..	10	00
36. Detecting glabulin in cerebrospinal fluid qualitative test	5	00
37. Paper electro-phorosis and estimation of serum proteine by paper electro-phorosis.	24	00
38. Single dimension paper partition chroma 12 tegraphy for amine acids in biological fluids.	12	00
39. Single dimension paper partition chromatography for sugar in urine ..	12	00
40. Two dimensional paper partition chromatography for anmine acids in biological fluids.	24	00
41. Examination of Vaginal Smear	10	00
42. Van Priquest test (including the cost of medicines)	3	00
43. Other specialists work may be charged according to the nature of the work		

(G.O. Ms. No. 2582, Health, dated 26th November 1962.)

"44. Tests conducted in the Endocrinalogy Laboratory of the Madras Medical College, Madras—

Name of test.	*Quality.*	*Amount of fees.*	
(1)	(2)	(3)	
		RS.	P.
(*a*) Blood Glucose	One sample.	7	50
(*b*) Glucose Tolerance Test	Single test	30	00
(*c*) Extended Glucose Tolerance Test	Do.	45	00
(*d*) Insuline Tolerance Test	Do.	30	00
(*e*) I. V. Tolubtaide test	Do.	45	00
(*f*) Serum Cholestrol	One sample	18	00
(*g*) Serum Free Fatty Acid	Do.	18	00
(*h*) Serum, Triglycerider	Do.	18	00
(*i*) Serum Total Proteins	Do.	18	00
(*j*) Electrophoresis with Eluction (Serum Proteins) ..	Do.	24	00
(*k*) Serum Alpha Amino nitrogen	Do.	18	00
(*l*) Electro Phroesis (Lepoprotins)	Do.	36	00

(1)	(2)	(3) RS.	P.
(m) Plasma Cortisol	One Sample	50	00
(n) Urinary Total 17 Ketosteriod	..	35	00
(o) Urinary Ketoegenic Steriod	.	50	00
(p) Urinary Cortisol	..	50	00
(q) Radio Immuno Assay of Insullin	..	50	00
(r) Plasma Thyroxine Levels	..	75	00
(s) Urinary Total Oestrogens	..	50	00
(t) Urinary Pregnadiol	..	40	00
(u) Urinary Pregnetriol	..	50	00
(v) I.V.G.T.T.	..	75	00

(G.O. Ms. No. 1462, Health and Family Welfare Department, dated the 17th August 1979.)

Fees should be levied from all paying patients whether in-patient or out-patient, as indicated below, in the examination is done in the Government Medical Institutions where Venereal Diseases Clinics or Venereal Diseases Departments do not exist separately—

(i) For examination relating to Papanni Colove Technique to determine malignant cells or to assess harmonal effect.	Rs. 10 (Rupees ten) per examination.
(ii) For all other ordinary examination of Vaginal Smear.	Rs. 3 (Rupees three) per examination.

NOTE.—All in and out-patients who attend the Venereal Diseases Clinics or Venereal Diseases Departments attached to the Government Medical Institutions are exempted from payment of any fees for examination of Vaginal smear.

(G.O. Ms. No. 692, Health, dated 15th March 1962.)

Other Specialists' work may be charged according to the nature of the work.

(b) Government servants and members of their families. other than military patients, should be examined free of charge at pathological, bacteriological or bio-chemical laboratories in Government Medical Institutions, if their official medical attendants or the private registered medical practitioners who attend on them send a written order and instructions specifying the nature of the examination required.

NOTE.—In the case of Gazetted Officers of Government, Civil Assistant Surgeons in Government Service, requiring their own specimens to be examined in a pathological, bacteriological or bio-chemical laboratory a Government Medical Institution, such laboratory test may be done free of charge on requisition from the Medical Officers and the Civil Assistant Surgeons themselves provided they are not under the medical treatment of another medical officer either in a hospital or at their homes.

(G.O. Ms. No. 1146, Public Health, dated 27th May 1943.)
(G.O. Ms. No. 1747, Public Health, dated 2nd July 1945.)

" Fees should be collected separately at the rates prescribed from time to time for laboratory tests for diagnostic purposes done in Government Laboratories on behalf of paying in-patients in Government Hospitals."

(G.O. Ms. No. 164, Health, dated 22nd January 1977.)

"NOTE.—No fees shall be collected for laboratory tests in the institute of Child Health and Hospital for Children, Madras, from the parents or guardians whose income does not exceed Rs. 750 per mensem, when the children/ward undergo treatment as in-patients".

(G.O. Ms. No. 587, Health, dated 5th April 1980.)
(Government Letter No. 49037/T1/80-2, Health, dated 6th August 1980.)

(c) The examination of sputum of tubercle bacilli when sent by qualified Medical practitioners will be done free of cost in all Government Hospitals in the City and in the mufassal.

The Heads of the medical colleges are authorised to sanction the examination in the Pathological Department of the respective colleges, free of cost, pathological specimens received from private doctors and private institutions provided they are of academic interest and are useful for teaching students. If the examination of the specimens is required in connection with the treatment of patients and the results are required to be communicated to the doctors and the institutions that send them for the purposes, the prescribed fees should be levied.

(*d*) Pathological examinations are carried out free of charge at the Pasteur Institute, Coonoor, for Government servants on the requisition of Government Medical Officeis.

(*e*) Specimens from patients not being well-do-to persons' who attend rural dispensaries and Mission Hospitals shall be examined free of charge at the King Institute, Guindy or at the bio-chemical laboratories attached to Medical Colleges.

42 A. The rates of charges for Dental Procedures undertaken in the Dental Department of the Government General Hospital, Madras or in other Government Medical Institutions where facilities for such treatment are available will be as shown below:—

CHARGES FOR DENTAL PROCEDURES.

Serial number.	*Description.*	*Charges.*
(1)	(2)	(3)
		RS. P.
1	Full dentures set upper and lower (artificial sets of teeth)	30.00
2	(*a*) Partial dentures with wrought clasper tooth	4.00
	(*b*) Medium	30.00
	(c) Additional cost of palatal bar or Gingual bar	10.00
3*	Partial denture cast	40.00
4*	Full Dentures cast	75.00
5*	Crown shell	7.50
6*	Cast Crown	15.00
7*	Inlay cast	10.00
8*	Crown and bridge	40.00
9	Repair of dentures (a) without requiring replacement of teeth (b) for each tooth replacement one rupee extra up to a maximum of 8.	5.00
10	Reline dentures	5.00
11	Rebase dentures	7.50
12	Jacket Crown (Plastic or Procelain)	10.00
13	Silver Alloy filling Cl. I.	1.00
	Silver Alloy filling Cl. II to V.	2.00
14	Copper amalgam fillings	Free
15	Synthetic or procelain filling	2.50
16	Cement fillings	Free
17	Gold cohisive fillings	10.00

CHARGES FOR DENTAL PROCEDURES—*cont.*

(1)	(2)	(3) RS.	P.
18	Root Canal Treatment—		
	(i) Root canal fillings	8	00
	(ii) Root canal with asuocetomy	10	00
19	Space maintainer—		
	(i) Removable	5	00
	(ii) Fixed for each tooth	5	00
20	Holleys appliance	10	00
	Anderson appliance with bedcock screw	15	00
21	Special Orthodentic treatment charges according to design ..	..	
22*	Extraction under local anaesthesia..	1	00
23*	Extraction under general anaesthesia	2	00
24*	Dressing and medication	Free.	
25*	Flap removal operation	1	00
26*	Excision of spulis	1	00
27*	Extraction of impacted teeth under local anaesthesia	2	00
28*	Extraction of impacted teeth under general anaesthesia..	4	00
29*	(i) Treatment of fractures Jaw	3	00
	(ii) Prophylaxis	3	00
	(iii) Gingevectomy per quadrant	3	00
	(iv) Flap Procedure	3	00
	(v) Occulusal equilibration	2	00
	(vi) Splinting temporary	2	00
	(vii) Splinting permanent according to design		
30	Radiographs—		
	*Intra Oral	2	00
	Extra Oral	5	00

*Paients will have to supply their own gold. These procedures will be done free to all the indigent patients.

(G.O. Ms. No. 1553, Health, dated 2nd July 1962.)

NOTE.—The rates shown in the above schedule are only for patients with income between Rs. 100 and Rs. 200 per mensem. The charges will be enhanced by 50 per cent for patients getting an income between Rs. 201 and Rs. 300 per mensem and doubled for patients whose income is between Rs. 301 and Rs. 500 per mensem. The patients with an income of over Rs. 500 per mensem will be permitted to take treatment in the dental wing and charged for at the discretion of the Dean, Mad as Medical Medical College, Madras, but the charges will not be less than those chargable to income of Rs. 301 to Rs. 500. The Dental procedures will be done free of cost to the Non-Gazetted Officers and their families and other entitled personal and their families.

(G.O. No. 1488, Health, dated 14th May 1957.)
(G.O. No. 3224, Health, dated 15th November 1957.)
(G.O. No. 1583, Health, dated 7th May 1959.)
(G.O. No. 2575, Health, dated 12th August 1959.)

42-B. *Levy of fees for refraction and prescription of glasses.*—A fee of Rs.5 (Rupees five only) should be levied from all the patients for refraction and prescription of glasses in the Ophthalmic Department of the Government Medical Institutions, The patients whose income or the income of the head of whose family is Rs. 200 and less a month and other personnel entitled to free medical attendance are exempted from payment of the above fee.

(G.O. Ms. No. 2587, Health, dated 26th November 1972.)

42-C. The Cardiac Face Makers will be implanted free of cost to the patients (members of the public) whose income or the income of the head of whose family is Rs. 299 or less per mensem and to all Tamil Nadu Government Servants irrespective of their pay. The above equipment will be provided to the other patients at the following rates :—

(i) For persons with income of above Rs. 299 and up to Rs. 500 p.m.	5% of monthly income to be collected for a period of 2 years in monthly instalments.
(ii) For persons with income of above Rs. 500 and up to Rs. 1,000 p.m.	7% of their monthly income to be collected for a period of 2 years in monthly instalments.
(iii) For persons with income of above Rs. 1,000 and up to Rs. 1,500 p.m.	50% of the cost of equipment to be collected within 2 years.
(iv) For persons with income of above Rs. 1,500 per month.	Full cost of equipment to be recovered within 2 years.

(G.O. Ms. No. 2363, Health, dated 19th September 1973.)
(G.O. Ms. No. 758, Health, dated 25th March 1977.)
(G.O. Ms. No. 1520, Health, dated 28th June 1977.)
(Government Letter No. 18611/H 1/79-2, dated 8th October 1979.)

43. Suit for recovery of charges—

The Director of Health Services and Family Planning and Director of Medical Education are empowered to accord sanction for the filing of suits to recover the arrears of hospital stoppages in so far as the medical institutions under their control are concerned if such a course is advised by the Government Law Officers.

(Government Memo. No. 14166-H 9/68-18, Health, dated 1st July 1970.)

44. *Medical attendance on Central Government Employees and their families.*—The following kinds of medical services are at present rendered by the Satet Government to the employees of the Central Government:—

(i) Medical attendance by Government Medical Officers on Central Government employees stationed in or passing through the State ;

(ii) treatment of Central Government employees in State Government hospitals ; and

(iii) grant of medical certificates by State Medical Officers and the Medical Board to Central Government employees for leave and other purposes.

NOTES.—(i) The instructions enumerated below regarding items (i) and (ii) shall apply to all Central Government employees other than (a) those in railway services and (b) those in inferior services. The rules regarding item (iii) above will be found in the Tamil Nadu Medical Code and the Central Services (Medical Attendance) Rules, 1944

(ii) The staff of the Employees State Insurance Corporation, the employees of the Neyveli Lignite Corporation Lilimted, Neyveli, South Arcot District, the employees of the Central Warehousing Corporation, the employees of the Indian Institute of Technology, Madras and the employees of Khadi Gramodyog Bhavan, Madras who are stationed in State of Tamil Nadu, will be treated as Central Government Servants for purposes of medical attendance and treatment.

The Authorised Medical Attendant appointed for the Central Government Servants and their families will be Authorised Medical Attendants for the staff of the E.S.I. Corporation, the employees of Neyveli Lignite Corporation, Central Warehousing Corporation, the Indian Institute of Technology, Madras and Khadi Gramodyog Bhavan, Madras.

(G.O. Ms. No. 2135, Health, dated 3rd July 1952.)
G.O. Ms. No. 1684, Health, dated 5th June 1957.)
(G.O. Ms. No. 3074, Health, dated 18th October 1957.)
G.O. Ms. No. 2478, Health, dated 1st October 1960.)
(G.O. Ms. No. 1277, Health, dated 23rd October May 1962.)
(G.O. Ms. No. 1803, Health, dated 6th August 1962.)

2(a) For the purpose of medical attendance, Central Government employees are classified into three groups as shown and the Authorised Medical Attendant for each group is mentioned against the respective group :—

Classification of Central Government Employees.	*Authorised Medical attendant.*
(1)	(2)
Group I.—Government servants belonging to a Central services Class I or whose pay is not iess than Rs. 500 per mensem.	The Principal Medical Officer of the District appointed by the State Government to attend to its officers in the District.
Group II.—Government servants not belonging to a Central Services Class I, or whose pay is less than Rs. 500 but more than Rs. 150 per mensem.	An officer of the rank of Assistant Surgeon appointed by the Director of Health Services and Family Planning/Director of Medical Education to attend to its officers in the station.
Group III.—Any other Central Government servant.	An Assistant Surgeon or other Medical Officers of rank not inferior to that of the Assistant Surgeon similarly appointed.

(b) Officers mentioned in Group I above are entitled for attendance in hospitals or at their residence, including such pathological bacteriological, radiological or other methods of examination for the purpose of diagnosis as are available in any Government Hospital in the District and are considered necessary by the Authorised Medical Attendant and such consultation with a special or other Medical Officer in the service of the Government stationed in the State as the the Authorised Medical Attendant certified to be necessary to such extent and in such manner as the specialist or Medical Officer may in consultation with the Authorised Medical Attendant determine.

(c) In the case of any other Government servant, attendance is permissible at a hospital or in a case of illness which compels the patient to be confined to his residence at the residence of the Government servant including such methods of examination for the purposes of diagnosis as are available in the nearest Government Hospital and such consultation with a specialist of other medical officer of the Government stationed in the district as the authorised medical attendant certifies to be necessary to such extent and in such manner as the specialist or Medical Officer may in consultation with the Authorised Medical Attendant, determine.

(d) *Accommodation.*—The Central Government employees are treated as non-officials for purposes of medical attendance and they may be provided with such accommodation as is ordinarily provided for non-officials. If a patient seeks accommodation in a special ward and is admitted, the entire fees payable for the special ward shall be recovered from the patient. The Government of India, will, at their discretion, issue instructions to their employees regarding the type of accommdation applicable to them, The nature of accommodation provided for the various classes of the State Government servants in rule 19(2) of the Rules will not invariably apply to the Central Government employees.

3. (i) A Central Government Servant shall be entitled free of charge to medical attendance by the Authorised Medical Attendant.

(ii) Where a Central Government servant is entitled under sub-rule (1) of charge to receive medical attendance any amount paid by him on account of such treatment shall on produtian of a certificate in writing by the Authorised Medical Attendant in the behalf of reimbursed to hom by the Central Government.

4. (i) When the place at which a patient falls ill is not the headquarters of the authorised medical attendant—

(a) The patient shall be entitled to travelling allowance for the journey to and from such Headquarters ; or

(b) If the patient is too ill to travel, the Authorised Medical Attendant shall be entitled to travelling allowance for the journey to and from the place where the patient is.

(ii) Applications for travelling allowance under sub rule (i) shall be accompanied by a certificate in writing by the Authorised Medical Attendant stating that medical attendance was necessary, and if the application is under clause (b) of that sub-rule that the patient was too ill to travel.

5. (i) If the Authorised Medical Attendant is of opinion of that the case of a patient is of such a serious or special nature as to require medical attendance by some person other than himself or that the patient requires antirabic treatment, he may with the approval of the Chief Administrative Medical Officer of the State (wh ch shall be obtained before-hand unless the delay involved entails danger to the health of the patient :—

(*a*) send the patient to the nearest specialist or other Medical Officer, as provided in clause (*e*) of rule (2) by whom in his opinion the medical attendance is required for the patient or in the case of anti-rabic treatment to the nearest place in the State where such treatment is available ; or

(*b*) if the patient is too ill to travel, summon such specialist or other Medical Officer to attend upon the patient.

NOTE.—The Chief Administrative Medical Officer of the State referred to in the above rule is the Director of Health Services and Family Planning or the Director of Medical Education as the case may be under whom the Authorised Medical Attendant concerned is working.

(Government Memo. No. 14165/1:H9/68-18, Health, dated 1st July 1970.)

(ii) A patient sent under clause (*a*) of sub-rule (i) shall on production of a certificate writing by the Authorised Medical Attendant in their behalf be entitled to travelling allowance for the journey to the headquarters of the specialist or other Medical Officer or to the place where he is sent for anti-rabic treatment.

(iii) A specialist or other medical officer summoned under clause (*b*) of sub-rule (i) shall on production of a certificate in writing by the Authorised Medical Attendant in this behalf be entitled to travelling allowance for the journey to and from the place where the patient is.

6. (I) A Central Government servant shall be entitled to free of charge—

(i) to treatment—

(*a*) in such Government Hospital at or near the place where he falls ill as can in the opinion of the Authorised Medical Attendant, provide the necessary and suitable treatment ;

or

(*b*) if there is no such hospital as is referred to in sub-clause (*a*) in such hospital other than a Government Hospital at or near that place as can in the opinion of the authorised medical attendant provide the necessary and suitable treatment ;

(II) to anti-rabic treatment at the nearest Government Hospital in the State providing such treatment.

(i) where a Government servant is entitled under sub-rule (1) free of charge to anti-rabic treatment in a hospital, any amount paid by him on account of such treatment shall on production of a cetificate in writing by the Authorised Medical Attendant in this behalf of reimbursed to him by the Central Government.

7. (i) If the authorised Medical Attendant is of opinion that owing to the absence or remoteness of a suitable hospital or to the severity of the illness a Central Government servant cannot be given treatment as provided in clause (1) of sub-rule (6) (i) above, the Government servant may receive treatment at his residence.

(ii) A Central Government servant receiving treatment at his residence under sub-rule (i) shall be entitled to receive towards the cost of such treatment incurred by him a sum equivalent to the cost or such treatment as he would have been entitled free of charge to receive under there rules if he had not been treated at his residence.

(iii) Claims for sums admissible under sub-rule (ii) shall be accompanied by a certificate in writing by the Authorised Medical Attendant, stating—

(*a*) his reasons for the opinion referred to in sub-rule (i) and

(*b*) the cost of similar treatment referred to in sub-rule (ii).

8. (i) Charges for services rendered in connection with but not included in medical attendance on, or treatment of a patient entitled free of charge to medical attendance or treatment under these rules shall be determined by the Authorised Medical Attendant and paid by the patient.

(ii) If any question arises as to whether any service is included in medical attendance or treatment, it shall be referred to the Central Government and the decision of the Central Government shall be final.

9. *Fees.*—The scale of fees prescribed for medical attendance on Central Government employees and their families by medical officers of this State at the residence of the patients or at the residence or consulting rooms of the Medical Officers and for the administration of injections to them is follows :—

(*a*) Fees for medical attendance—

Pay of Government servant per mensem.	*First Consultation.*	*Subsequent Consultation.*	*Medical Examination for physical fitness.*
	Rs.	Rs.	Rs.
(1)	(2)	(3)	(4)
Rs. 500 and above per mensem (Class I Officers)	16	10	16
Rs. 151 to Rs. 499	5	3	5
Rs. 150 and below	3	2	3

(*b*) fees for injections—

Pay of Government servants.	*Intravenous.*	*Intramuscular.*	*Subcutaneous.*
(1)	(2)	(3)	(4)
	RS.	RS.	RS.
Class I Officers—Rs. 500	5	3	2
Rs. 151 to Rs. 499	3	3	2
Rs. 150 and below	2	2	2

NOTE.—Central Government servants are entitled to medical attendance and the administration of injections by Medical Officers of the grades noted below:—

Central Government servants in receipt of pay of Rs. 500 and above—Civil Surgeons.

Central Government servants belonging to income group of Rs. 151 to Rs. 400 and Rs. 150 and below—Assistant Surgeons.

(Government Memo. No. 767/52-5/H3, Health, dated 25th August 1952.)

10. *Levy of hospital stoppages.*—The employees of the Central Government should be treated as non-officials for purposes of levy of hospitals stoppages. for X-ray and other radiological examinatins and treatment, etc., and charges will be levied in accordance with the scales or prescribed for the general public. Fees for out-patients will also be collected accordingly.

Central Government employees seeking admission in the Government medical institutions of the State of Tamil Nadu shall pay the charges (hospital stoppages, X-ray and radiological treatment, of special and expensive drugs, etc.) in the first instance to the hospitals authorities and claim, reimbursement from the Central Government.

(G.O. Ms. No. 2402, Health, dated 1st October 1951.)

11. *Families of Central Government servants.*—Families of Central Government servants are entitled to free of charge to medical attendance andtreatment at hospitals defined in the rule applicable to the Government servant himself in each case. This concession does not include medical attendance other than at a hospital at which the Government servant himself is entitled to treatment free of charge. The term 'Family' means a Government servant's wife including more than one wife, legitimate children and step-children residing with and wholly dependant on him.

Charges for services rendered in connection with medical attendance on or treatment of a member of a Central Government servant's family should be paid by him to the hospital authorities.

The Central Government will reimburse the cost of medical attendance or treatment on the production of the Hospital bills countersigned by the Authorised Medical Attendant.

A Government hospital for this purpose includes a hospital maintained by a local authority.

Medical Attendance and treatment by arrangement with the Authorised Medical Attendant at a consulting room maintained by him shall be deemed to be medical attendance and treatment at a hospital for purposes of free medical attendance and treatment to the families are also admissible in the Kasturba Gandhi Hospital for Women and Children, Madras.

The term 'medical' treatment shall include confinement of a Central Government servants' wife in the hospital. Pre-natal treatment and post-natal treatment at the officer's house will not be included.

457. **Military Personnel.**—(*a*) Arrangements exist for the treatment in Civil hospitals under this Government of entitled military personnel on payment in each case of the actual scheduled charges of the hospital concerned and they apply to all British and non-British personnel belonging to the Navy, the Land Forces and Air Forces and their families who are eligible for such treatment under the conditions laid down in paragraph 259 of the Regulation for Medical Services of the Army in India.

(*b*) The charges (other than fees or X-ray electrical treatment, etc., for which Note- 5 under rule 25 applies) to be recovered in respect of each patient are those applicable to patients who are not Government servants. The bill of charges should be forwarded by the head of the medical institution concerned. at the end of each month to the authority of the nearest military hospital who will make out a contingent bill duly supported by the Civil hospital bill and forward it to the Controller of Defence Accounts for payment through the headquarters., Madras.

(G.O. No. 3812, Health dated 3rd December 1952.)

(*c*) Members of the families of the following ranks of officer are not entitled to free medical attendance under paragraph 259 of the regulations for the medical services of the Army in India:—

(1) a member of the Military Nursing service ;

(2) a Junior Commissioned Officer ;

(3) an Indian other rank ; and

(4) a non-Cambatant enrolled.

In the cases the Ministry of Defence do not accept liability for payment. The charges should therefore be recovered from the parties concerned direct.

(*d*) The personnel including those who are in regular service. Army/Navy/Air Force, serving with N.C.C./A.C.C. units in this State and their families are eligible for free medical facilities when treated in Government Hospitals in this State. The class of accommodation to be provided for regular service personnel and their families should be regulated in accordance with rules 19(2) and for identifying purposes, an identification certificate from the company Commander concerned should be required to be produced by the personnel whenever they seek admission in civil hospitals.

(G.O. Ms. No. 567, Health, dated 25th February 1963 and Government Memo. No. 61667-H8/63-3 Health, dated 12th September 1963.

(*e*) (1) Medical facilities to the families of State Government and local bodies servants who take up military services—

(i) Medical concessions which were admissible to the families of the Government servants and servants of local bodies, just prior to their (Government servants or local bodies servants) taking up military service, shall be continued to them irrespective of their (the Government's or local body servant's) income in military service.

(ii) The head of the Office in which the Government servant or the servant of the locall bodies was serving or, if he himself was the head of the office, his immediate superior authority shall obtain a declaration in the Form 'A' 'M' or 'D' given below from the Government servant or the local body concerned as to who are the members of his family, and then issue a certificate in the form prescribed for the non-Gazetted Government Officers as given in Form 'B' given below noting the names of the family Members therein. The families of the Government servant or servant of the local body concerned shall produce this certificate at the time of treatment together with an identity certificate in the form given in Form'C'below issued by an Officer of the Revenue Department not lower in rank than that of Deputy Tahsildar.

(iii) If any of the members of the families of the Government or local body servant wants admission in a higher or special ward or additional facilities on the basis of the income of the Government or local body servant concerned under military service, he should produce a certificate showing the status and income of the Government or local body servant concerned from the Officer commanding his unit.

(iv) If any of the non-Gazetted Government servants deputed for military duty happens to draw more than Rs. 300 per mensem as salary excluding compensatory allowances, he will be treated as a Government officer and his family will be accorded the appropriate medical facilities and the diet charges recovered.

(v) In the case of servants of local bodies drawing more than Rs. 300 per mensem at the time of joining military service, the hospital stoppages should be recovered from the concerned persons.

ANNEXURE-A.

Form of declaration to be signed by Civil Government Servants/Servants of local bodies proceeding on military services

I (name) employed as
in the office of
declare that the following
are the members of my family residing with and wholly.

Name Relationship

Signature

Date Countersigned.

Head of the office or Immediate superior.

ANNEXURE-B.

I certify that Thiru/Tmt./Selvi
was a non-Gazetted officer getting a salary of and was employed as
in the office of the
Madras and was eligible
for the concessions granted in G.O. No. 2628, Health, dated 13th August 1952 and G.O. No. 3638, Health, dated 7th November 1962, at the time of his release for taking up military service.

Details of pay and allowances drawn by the individual are furnished below :—

RS. P.

1. Pay
2. Dearness allowance
3. House Rent allowance
4. Other allowances, if any

Place of

Signature,
Head of Office or Department.

ANNEXURE C.

Identification Certificate.

I Certify that the bearer of this letter Thiru/Tmt./Selvi is the of Thiru who was formerly attached to the office of and who is now on military service.

Signature

Designation

"To be signed by an Officer not below the rank of a Deputy Tahsildar.

ANNEXURE-D.

Form of declaration to be signed by Civil Government servants/Servants of local bodies while in military service.

I declare that I was employed as in the office prior to my joining military service on and also furnish below the particulars of the post held by me at present in the Army:—

(i) Designation of the post held in the Army.

(ii) Basic pay drawn (excluding) compensatory allowances.

(iii) Gazetted or non-Gazetted post.

I, further declare that the following are the members of my family wholly dependant on me:—

Name Relationship.

Certified that the particulars furnished in so far as to they relate to the post held in the Army are correct.

Signature.

Officer Commanding.

(G.O. Ms. No. 2177, Health, dated 6th September 1963).

NOTE.—The families of Jawans who do not belong to the State Government service are entitled to the same medical concessions which they would have been eligible had the Jawans held civil posts under the Government on the same income which they get under the Defence Department. The members of families of Jawans who wish to avail themselves of these concessions should produce at the time of treatment a certificate and declaration in form prescribed in sub-rule (e) above.

(G.O. Ms. No. 2283, Health, dated 20th September 1963.)

458. **Medical treatment of United States Service Personnel.**—In cases where it is necessary to render medical treatment in a civil hospital to United States Personnel, the cost involved in their treatment should be debited to the Defence Services Estimates in accordance with the procedure obtained in the case of British Military personnel treated in civil hospitals. These debits will be complied with by Controllers of Military Accounts against new Main Head 3—N(c).

459. **Special provision for diet for militatry patients.**—In certain hospitals the military personnel are dieted more liberally than civil patients so as to enable them to attend to their duties soon after discharge from the hospitals, accordingly an extra cost for the liberal diet, as may be determined and fixed from year to year will also be recoverable from the Ministry of Defence in addition to the usualcsheduled rates of hospitals stoppages laid down for members of the general public.

460. Merchant Navy.—Men of the Merchant Navy treated in Government Hospitals may also be given liberal diets as indicated in rule 46 and the diet charges for them will be levied at the rates laid down for military patient.

Merchant seamen and waterman irrespective of their nationality and income shall be given free treatment for venereal diseases both as in-patients and out-patients in the Government Medical Institutions. They will be supplied free of charge with medicine necessary for the treatment to be followed on the voyage till the next post of call.

461. Medical treatment of Special Police Establishment under the Government of India Ministry of Home affairs.—Members of the Special Police Establishment under the administrative control of the Ministry of Home affairs be accorded the same facilities as are admissible for men of the State Service of corresponding rank and status. They will be treated as non-officials for purposes of recovery of hospitals stoppages and the cost involved should be debited to the Central Government (Defence Service) Estimate. old Main Head 4(A) through the Accountant General, East Punjab.

(*a*) Arrangements for the treatment of destitute non-entitiled civilian patients in Military hospitals at Stations where there are no civil hospitals and the expesnses involved in their treatment will be borne by the Government subject to the following conditions:—

(i) Destitute non-entitled civilians should be admitted into a military hospital only when they are unable in the opinion of the officer commanding of Military Hospital to proceed to the nearest Civil Hospital or when their condition is such, that they should be admitted and treated immediately.

(ii) Immediately on admission of such patients the Officer Commanding of the military hospital should contact the Medical Officer Incharge of the nearest Civil Hospital and furnish him full details of the cases and arrange for the transfer of the cases to the Civil Hospital as soon as the patients are fit to be moved.

(iii) The charges payable in respect of such patients to the Military Hospital will be Rs. 3 per diem and the conveyance charges for military motor ambulance, if any, used will be at the following rates:—

For every mile or fraction of a mile—

(*a*) Car 5 CW 4x4 Jeep with a stretcher Rs. 2.17.

(*b*) Ambulance 4 stretchers 4 x 4 Rs. 3.55.

(*b*) *Procedure of the Adjustment of Expenses.*—The bills for the charges payable in respect of the treatment of civilian destitutes in the Armed Forces Hospitals in the State will be forwarded by the officer commanding of the Armed Forces Hospitals to the District Medical Officer or the Head of the Medical Institution concerned who will return them after countersignature to the officer commanding. The officer commanding of the Armed Forces Hospitals will then arrange with the controller of Defence Accounts to raise necessary debit against the Accounts Officer of the State concerned under the appropriate head of account through the exchange Accounts.

(G.O. Ms. No. 3656, Health, dated 28th October 1950).

(Govt. Mems. Nos. 6785/H8/61-7 H, dated 28th August 1961 and 191416-H2/61-2, Health, dated 19th February 1962).

MADRAS LEGISLATURE (MEDICAL ATTENDANCE AND TREATMENT) RULES.

Short title and commencement.

1 (i) These rules may be called the Tamil Nadu Legislature (Medical Attendance and Treatment) Rules.

(ii) These rules shall be deemed to have come into force on the 6th December 1962.

(1)	(2)
Ministers, the Speaker, the Deputy Speaker, the Chairman, and the Deputy Chairman and their families to be entitled to free accommodation, diet and treatment in State Hospitals.	2. A Minister the Speaker, the Deputy Speaker, the Chairman and the Deputy Chairman, shall for himself and the members of his family be entitled, free of charge to accommodation in Hospitals maintained by the State Government and also to medical treatment and attendance on the same terms and conditions as are applicable to the highest category of servants employed under the Government of Tamil Nadu. 3. They shall also be entitled to the supply of diet free of charge.

(1)	(2)
Members of the Legislature to be entitled to free accommodation and treatment and diet in the State Hospitals.	4. (i) The members of the Legislature shall for themselves and the members of their family for the entire period of their membership, be entitled to (i) accommodation in 'B' Class wards of hospitals maintained by the State Government free of charge. (ii) free medical treatment. (iii) diet during their in-patient treatment free of charge. (iv) concession in regard to reimbursement of cost of drugs purchased in the open market on account of their non-availabilities in the hospitals are admissible to the Gazetted Officers.

In Rule 4 of the Madras Legislature (Medical Attendance and Treatment) Rules the following provisio shall be added at the end, namely:—

" Provided that if accommodation is provided in "A" Class wards, the difference between the charges leviable for "A" Class wards and "B" Class wards alone shall be collected."

(The amendment shall be deemed to have come into force on the 19th August 1966.)

(G.O. Ms. No. 1885 Public (Election) dated 6th September 1966.)

(iii) The following rule shall be inserted as Rule 5, namely:—

The salary of members of the Legislature to be excluded for calculating income of Members for grant of Medical treatment to their families.

(G.O, Ms. No. 1535 Health, dated 8th July 1964.)

The amendment shall be deemed to have come into force on the 1st April 1964.

In the Tamil Nadu Legislature (Medical Attendance and Treatment) Rules, after rule 5, the following rule shall be added, namely:—

"6. The State Government may, by order, relax the provision of these rules in any particular case to such extent or subject to such conditions or modifications, as may be specified in such order."

(The amendment shall be deemed to have come into force on the 25th April 1968.)

(G.O. Ms. No. 809, Public (Election) dated 19th March 1971)

AMENDMENTS.

In the Tamil Nadu Legislature (Medical Attendance and Treatment) Rules, 1964.

(1) in rule 4—

(i) after the expression "The members of the Legislature shall" the expression "for themselves and the members of their family " shall be inserted.

(ii) after the second proviso, the following explanation shall be added, namely:—

"*Explanation.*—For the purpose of this rule, the expression "Family" means

(*a*) in the case of male member of the Legislature—

(i) Parents.

(ii) Wife.

(iii) Legitimate children (including an adopted son and daughter) and

(iv) Step children.

residing with and wholly dependent on him. The word 'wife' includes more than one wife and

(*b*) in the case of female member of the Legislature—

(i) parents;

(ii) husband; and

(iii) children (including an adopted son and daughter)

residing with and wholly dependent on her.

(2) for rule 5, the following rule shall be substituted, namely—

"5 (1) For the purpose of availing the medical concession referred to in these rules, every member of the Legislature shall be provided with an "Identity Card" in the form appended to these rules.

(2) In the event of any member of the Legislature ceases to be such member, the identity card shall be returned forthwith to the Department from which it was issued."

(3) after rule 6, the following Appendix shall be added namely:—

" APPENDIX "

Identity Card for availing medical concessions under the Tamil Nadu Legislature (Medical (Atendance) and Treament Rules 1964.)
Valid from...)

PROFORMA (Page 1)

Space for photo.

1. Name of number of the Legislature (Constituency and District to be specified).
2. Mofussil Address :
3 .Address in Madras City.
4. Date on which the member was declared elected/nominated to the Legislature.
5. Married or single.
6. Specimen signatures.

   1.

   2.

   3.

1. Wife/Husband

2. Dependent sons—

particulars of family members (1)	Name. (2)	Age. (3)	identification mark. (4)
1.			
2.			
3.			
4.			

(1)	(2)	(3)	(4)

3. Dependent daughters—

 1.

 2.

 3.

 4.

4. Dependent parents—

 1. Father

 2. Mother.

CERTIFICATE.

Certified that the particulars furnished in pages 1 and 2 are true and that my family consisting of...............members as per details given on page 2 are residing with and are wholly dependent on me.

Date

Signature of the Member.

Certified that Thiru/Tmt./Selvi.................................... a member of the Tamil Nadu Legislature Assembly/Council representing .... Constituency (.......................District) and the members of his/her family referred to above are entitled to accommodation in 'B' Class ward of Hospitals maintained by the State Government free of charge, free medical treatment, diet during in-patient treatment free of charge and concession in regard to reimbursement of cost of drugs purchased in the open market on account of their non-availability in the hospitals as are admissible to the Gazetted Officers.

(Attested)

Signature of Issuing authority.

Date stamp and seal of the issuing authority.

Designation
Office

Instructions.—(i) For incorporation of any addition or modification in the particulars whenever necessary it may be got attested.

(ii) The identity card should be returned to the Department from which it was issued immediately on ceasing to be a member.

(G.O. Ms. No. 1925, Public (Esstt-I), Department, dated 22nd August 1980.)

(The amendment shall be deemed to have come into force on the 13th March 1980.)

MEDICAL ATTENDANCE ON MEMBERS OF PARLIAMENT AND THEIR FAMILIES.

The members of Parliament are entitled to receive all the medical facilities as are admissible to Class I Officers of the Government of India and members of their families. These facilities include reimbursement of the cost of treatment availed of at places outside Delhi and New Delhi in accordance with the Medical Attendance Rules. The set of rules that will, for this purpose, apply to Members of Parliament and Members of their families is the Central Services (Medical attendance) Rules, 1944. The procedures regarding he medical attendance and treatment in Government Medical Institutions or by an Authorised Medical Attendant, accommodation in Government Hospital, levy of fees or hospital stoppages, etc., as the case may be, prescribed for the Central Government servants in rule 44 are applicable to the members of Parliament.

RULES GOVERNING THE FREE MEDICAL ATTENDANCE FOR THE MAINTE--NANCE STAFF OF TAMIL NADU HOUSE, NEW DELHI AND THEIR FAMILIES AND THE TAMIL NADU GOVERNMENT MINISTERS AND OFFICIALS ON TOUR IN DELHI.

1. The service of the Authorised Medical Attendants attached to the Tamil Nadu House New Delhi, are normally meant for the main tenance staff of Tamil Nadu House, the staff in the office of the Special Representative and the staff of the Tamil Nadu Handicrafts Emporium New Delhi, and their families.

2. At the event of necessity, the Tamil Nadu Government Ministers and officers on tour in Delh may also avail the services of the Authorised Medical Attendants.

3. The term "Family" will be taken as defined in the Tamil Nadu Medical Attendance Rules.

4. "The staff of Tamil Nadu House, the staff attached to the office of the Special Representative, the staff of the Tamil Nadu Handicrafts Emporium, New Delhi, their families and others should normally consult the Authorised Medical Attendants in their consulting room. Only in the case of emergency the Authorised Medical Attendants should be called to Tamil Nadu House or to their residences.

5. If on account of sudden illnes, the staff or members of their families are unable to consult the Authoirsed Medical Attendants, or if ther are unable to give residential treatment and if they delay in giving treatment entails danger to the health of the patient, treatment can be had from any other doctor of a hospital or dispensary near by and the cost of such medical expenses reimburse on production of relevant bills together with a certificate obtained from the Authorised Medical Attendant regarding the reasonableness of claim and urgency of treatment.

6. If on the opinion of the Authorised Medical Attendants hospital sation of any member of the staff, or their families or others entitled to th s concession is considered necessary they may advise indoor treatment in any hospital under the control of Union Government.The expenditure on that account will be reimbursed on production of relevant bills together with a certificate from the Authoirsed Medical Attendant advising hospitalisation. At the event of hospitalisation the patient may get admitted to the ward to which he is normally entitled to for admission according to Tamil Nadu Medical Attendance Rules.

7. If hospitalisation is not considered necessary but the treatment is expected to be prolonged requiring many consultations and several injections spread over a period of more than ten days the patient should be referred to the out-patient Department of the hospital under the control of Union Government by the Authorised Medical Attendant at the earliest. In cases where A patient is referred to a hospital under the conrtol of Union Governnent for treatment by the Authorised Medical Attendant, the Medical Authorities of the hospital concerned may treat the patient at the out-patient department provided it is certified that the case did not require hospitalisation but was one of prolonged nature requiring treatment at the out patient department spreading over a peried of more than ten days. Charges if any, levied at the out patient Department according to the rules of the hospital concerned will be reimbursal. The Medical Officer in charge of the case at the out patient Department will be regarded as the Authorised Medical Attendant who would interalia advise hospitalisation in cases where it is required. If inspite of the specific advise of the authorised Medical Attendant or the Medical Officer in charge of the cate at the out patient department a patient does not seek admission in the hospital the Authorised Medical Attendant or the Medical Officer concerned should record note to that effect while signing or counter signing the bills, certificates, etc., necessary to be produced by the Government servant for the purpose of claiming refund from Government. In such cases no refund would be admissible. If however owing to lack of accommodation admission to a hospital is not possible as advised by the Authorised Medical Attendant. reimbursement of expeuses incurred on treatment will be permisssible to the extent otherwise admissible under the rules.

8. For the purpose of Medical Attendance there should be no need of repeated consultations which includes "repeat" prescriptions. In such a case, upto four consultations at the rate of one consultation a day should be sufficient. In cases requiring medical attendance, reimbursement of consultation fees at the prescribed rates should be restricted to the first four consultations visits at the rate of one consultation/visited a day, "repeat" prescription, being treated as a consultation irrespective of the fact whether consultations fees are charged or not for such prescription.

9. **If in the opinion** of the Authorised Medical Attendants adamination or treatment by a Specialist is necessary, they may arrange with the specialist for examination in the Specialists private consulting room. The specialist may in his discretion either treat the patient entitled to the concession himself or recommend a suitable line of treatment to the Authorised Medical Attendants. The expenditure on that account will be reimburse on production of relevant bills together with essentiality certificate from the Authorised Medical Attendants.

10. The Authorised Medical Attendants will not normally prescribe expensive drugs, tonics laxatives and other elegant and proprietary preparations.

11. Reimbursement of the cost of preparations which are not medicines but are primarily foods, tonics, toilet preparations or disimfectant will not be admissible.

12. At the end of the treatment, the Authorised Medical Attendant will indicate the nature of ailment, period treatment, cost of medical attendance, cost of drugs administered and purchased from the open market supported by relevant vouchers, etc. The Authorised Medical Attendant will countersign all vouchers. The Government servants or others who are entitled to this concession will pay the Authorised Medical Attendant at the first instance and prefer his claim to the controlling Officer for reimbursement.

13. The Assistant Representative, Tamil Nadu House, New Delhi is delegated with powers to pass payment of medical bills which are less than Rs. 50 in respect of the staff in Tamil Nadu House, New Delhi, and the Office of the Special Representative. For a particular course of treatment, the medical claims should be made at the end of the treatment and the bills should not be split up so as to avoid sanction of the higher authorities. This rule does not apply to the staff of the Tamil Nadu Handicrafts Emporium, New Delhi.

14. For the staff of Tamil Nadu House and staff in the office of the Special Representative, the Assistant Representative to Government of Tamil Nadu, Tamil Nadu House, after due verification will forward the Bills and vouchers of the claims exceeding Rs.50 to the Joint Secretary to Government Public Department for reimbursement. Such claims may be referred to Director of Medical Services and Family Welfare Madras, for remarks before they are admitted. The Assistant Director of Industries and Commerce (Industrial Co-operatives) Manager, Tamil Nadu Handicrafts Emporium, New Delhi, as delegated with powers to pass payment of Medical Bills in respect of the staff of the Tamil Nadu Handicrafts Emporium, New Delhi.

The Medical bills in respect of the Assistant Director of Industries and Commerce (Industrial Co-operative) Manager, Tamil Nadu Handi Crafts Emporium, New Delhi, shall be submitted to the Chief Accounts Officer, Office of the Director of Industries and Commerce, Madras for countersignature irrespective of the amount involved."

(G.O. Ms. No. 1411, dated 8th August 1979.)

462. **Arrival of sick officers to be reported.**—Medical Officers should communicate immediately with the Principal Civil and Military authorities as the case may be in the event of an officer arriving to the station seriously ill and requiring special care, with a view to enquiries being made whether he has relatives or friends at the place.

463. **Medical Attendance on Government Servants in Foreign Service.**—(1) An officer in foreign service is eligible for all medical concessions to which he would be entitled, if he had remained in Government employment. The foreign employer is responsible for the provision of all such concessions.

(2) If such an officer undergoes treatment in a Government Hospital, he will be considered to be a private person for purposes of hospital stoppages and the foreign employer concerned should reimburse to him the difference between the amount recovered from him as a private person and the amount which would be recoverable from him if he had remained in Government employment. When however, such an officer is on leave other than casual leave while undergoing treatment, he will be entitled to all the concessions, which are admissible to regular Government servants of his standing.

(G.O. No. 643, Finance, dated 9th October 1931, Surgeon-General P. No. 256-E, dated 5th November 1931, No. 3896, L & M., dated 31st August 1934, and No. 5311, P.H., dated 20th December 1941.)

(3) An Officer in foreign service. who has a medical attendant provided by the foreign employer has no claim to the services of a Government medical officer except when the former desires to call in the latter in consulation; but if no medical officer is provided by his employers he is entitled to the services of the Civil Surgeon of the district in or near which he is employed.

(G.O. No. 1207, Public, dated 28th November 1900.)

464. **Reciprocal arrangements for medical attendance of Government Servants between the Military and Civil Medical Officers.**—For reciprocal arrangements for medical attendance of Government servants between the Military and Civil Medical Officers—*See* Section III of the Regulations for the Medical Services of the Army in India (1937).

465. Reciprocal arrangements for supply of special medicinris, etc., between the Military an Civil Medical Officers.—When vaccines or other special medical supplies are required by a Military Officer, they may be supplied free by a Civil Medical Officer, if the case is one of urgency and the vaccines or other preparations cannot conveniently be supplied by the Military Medical authorities. Similar requisitions received on behalf of a Civil Officer will be similarly be met by the Military Medical Authorities.

(G.O. No. 178, Public Health, dated 31st January 1923.)

466. Treatment of under-trial prisoners.—No fee should be levied from under trial prisoners for treatment, medical advice or diet in Government hospitals.

(G.O. No. 1581, P.H., dated 31st July 1925.)

NOTE.—The dieting charges of prisoners and under trial prisoners admitted as in-patients in Government hospitals are not recoverable from the Jail Department.

(G.O. No. 96, Law (General), dated 11th January 1924.)

467. Supply of cataract glasses to pauper patients.—Pauper patients operated on for cataracte in all hospitals where there is a special eye department in the State may, on their discharge, be provided with cataract glasses.

468.—Deleted.

469. (*a*) **Recovery of hospital stoppages.**—Hospital stoppages shoud be collected invariably from patients with income exceeding Rs. 200 per mensem.

'Procedure for ascertaining the income of patients.'

Before a patient is admitted a declaration of income of the patient or the head of the family, as the case may be should be obtained in the form printed at the foot of the diet sheet. In the case of employees on monthly rates of pay, the salary, dearness allowances and other allowances should be separately mentioned in the declaration. The declaration should be got signed by the patient or by a member of his family. In the case of illietrates, the left hand thump-impression should be obtained and duly attested. If any doubt is felt in regard to the correctness of information given about the income of the patient, the employer of the patient and the Revenue Department in other cases shoud be contacted for as certaining the correct income of the patient. This should be done particularly in border-line cases.

If the patient or guardian disputes the assessment made by the investigating officer and refuses to pay the hospital stoppages admission should be refused, unless the case sis an emergent one.

All paying patients should be required to pay hospital stoppages in advance for a period of days (as required by rule 39 of Tamil Nadu Medical attendance rules) when the stay of a patient in the hospital is prolonged for more than 10 days, advance collection of Hospitals stoppages should be made for each of the subsequent periods of ten days. As far as possible Hopsital stoppages should be collected from the patient or from their guardians before discharge of the patient. When a party evades payment of the hospital stoppages the Collector or other Revenue Authority should be addressed for revocery of the dues in the same manner as arrears of land revenue under the provisions of the Tamil Nadu Revenue Recovery Act (Section 52 of the Tamil Nadu Revenue Recovery Act, 1864).

(*b*) Excess collection of hospital stoppages should be refunded to the parties when they leave the hospital. If the for any reason the party leaves the hospital without taking refund and if no intimation of the excess collection has been given to him and intimation should be sent to him by post. appraising him of the fact of excess collection and asking him to claim the refund. Should there be no claim, the amount will lapse to Government after the end of three complete financial years.

470. Recovery of hospital charges from pensioners.—All Government pensioners of Tamil Nadu, drawing compensation pension, invalid pension, superannuation pension and retiring pension are eligible for the same medical concession, as they were entitled to at the time of retirement from Government service. Therefore only diet charges should be collected from the retired Gazetted Officer of Tamil Nadu. They have to produce the pensioners indentity card to the hospital uthorities for regulating the collection of charges.

(G.O. Ms. No. 1629, Health, dated 22nd June 1971.)

CHAPTER XVII.

MEDICAL BOARDS AND CERTIFICATES

Section I

MEDICAL CERTIFICATES—GENERAL RULES.

471. **Rules relating to Medical Certificates.**—Rules regarding the grant of health, age and invalid certificates and the special precautions to be adopted in case of the Police establishments will be found in the subsidiary rules framed under rule 10 of the Fundamental Rules and Articles 442 to 447 and 447 to 457 of the Civil Service Regulations, as reproduced in the Tamil Nadu Pension Code.

472. **Health, age and invalid certificates.**—Medical certificates are required by—

(*a*) Candidates for the Public Service as to their physical fitness for Governmet employment;

(*b*) Government servants who desire leave to recoup their health "Sick certificates";

(*c*) Candidates for pension from Government service as to their unfitness for further Service "Invalid Certificates".

(*d*) Candidates for commutation of pension—"Certificates of expectation of life"; and

(*e*) Government servants desirous of insuring their lives in Postal Life Insurance Fund.

NOTES.—(i) Municipal and Panchayat Union servants contributing to a Provident Fund and employees of the Court of Wards and of the Universities in the State of Tamil Nadu are treated as public servants in the matter of medical certificates.

(ii) In the case of persons appointed to posts in Municipal and Panchayat Union Service, the certificates of Physical fitness granted by an Assistant Surgeon or an Honorary Assistant Surgeon may at the discreption of the appointing authority, be accepted as sufficient for the purpose, in the case of a person whom it is proposed to appoint to a post the maximum pay of which is not more than Rs. 240. In all other cases, age certificate of physical fitness in the prescribed form must ordinarily by signed by a Medical Officer or rank not lower than a Civil Surgeon or District Medical Officer.

(iii) No fee or recompence of any kind is to be asked for or accepted in consideration of the grant of certificates referred to in items (a), (b) and (c) above except in the case of physcial fitness certificates granted to candidates for public service applying to the Tamil Nadu Public Service Commission and other appointing authorities, Medical certificates of fitness should be produced by applicants for Government service in accordance with requirements of each service. A fee of Rs. 16 is avilable in respect of a certificate issued by a medical officer of rank not lower than that of a Civil Surgeon or a District Medical Officer and a fee of Rs. 5 if the certificate is signed by an Assistant Surgeon. The production of a further certificate from a Civil Surgeon or District Medical Officer at the time of admission to the service as Junior Assistant will be given free of cost on a requisition.

(G.Os. No. 67, Public dated 24th July 1896, No. 2068, M., dated 5th December 1898, No. 570, Public Health, dated 4th April 1923, No. 355 Public Health, dated 15th February 1928, No. 1212, Public (Services), dated 1st December 1931 and No. 758, Public Health, 1st April 1935.)

473. **Form of requisition for Medical Examination.**—Requisitions for medical certificates should be accompanied by a descriptive roll in C.F. No. 197, signed by the head of the office or Department.

(G.O. No. 484, L & M (Medical), dated 7th September 1920.)

474. **Jurisdiction of the Medical Officer.**—An officer must be held to reside in any part or the circle or area of jurisdiction in which he is and when such an area falls within more than one revenue district, as is often the case with Excise circles he may be sent to the Chief Medical Officer of any of such districts as may be departmentally convenient.

475. **Procedure for sending by institutions for Medical Examination.**—(1) When a departmeutal superior sends one of his subordinates with the usual official credentials to any District Medical Officer or Civil Surgeon within his range, the latter should examine the man without question.

(2) Heads of departments and officers should send official requisitions for medical certificates on behalf of an officer admitted for treatment into a hospital immediately the officer is a admitted.

(3) Official requisitions from heads of offices for medical examination of Government servants may be sent direct to the Assistant District Medical Officers and other Assistant Surgeons instead of through the District Medical officers and Civil Surgeons concerned. However in order that the District Medical Officers and Civil Surgeons may be kept informed of the opinion given by the Assistant District Medical Officers and other Assistant Surgeons in each case, a copy of the medical certificate issued by these officers should, at the same time, be sent to the District Medical Officers and Civil Surgeons concerned. This will enable the District Medical Officers or Civil Surgeons to take action in case, an improper certificate has been issued.

(G.Os. No. 1392, Public, dated 14th November 1912, No. 1320, Public Health, dated 12th October 1921, N9. 2920, Public Health, dated 20th October 1944, No. 3351, Public Health, dated 21st Spetember 1949 and Surgeon-General's P. No. 408-E, dated 24th April 1922).

476. **Issue of certificates by Medical Officers prohibited from private practice.**—Members of the Tamil Nadu Medical Service who are completely debarred from private practice under rule 18 of the rules relating to the Tamil Nadu Medical Service should not issue certificates of any kind for any purpose. Even if such an officer is summoned by a presiding magistrate to examine and certify as to the condition of health of an accused person in a criminal case he should explain to the court that he is debarred from private praetcle and from accepting any fees in such cases.

(G.O. No. 1202, Health, dated 5th April 1951 and Surgeons-General's P. No. 125-M-51, dated 16th April 1951.)

477. **Grant of medical certificates by near relatives.**—Except in very special circumstances which should be recorded in writing a medical certificate issued to any person for any purpose whatsoever by his or her near relative should not be accepted.

(Surgeon-General's P. No. 218-E. 2, dated 8th October 1945.)

478. **Certificates by Assistant Surgeons.**—When medical examinations are made by Assistant District Medical Officers for District Medical Officers, the appropriate designation to be used is "Assistant District Medical Officer in charge of (district)".

(G.O. No. 519, Public Health, dated 11th March 1935.)

479. **Finger prints or medical certificates.**—When an applicant for pension, is sent for medical examination, the medical officer before whom he appears will ob ain the left thump impression of the candidate on the medical certificate. In the cas of candidates sent by the Post and Telegraph Department for certificates of incapacity for further service, the thumb and finger impression of the left hand of the candidates should invariably be recorded in the certificates. This impression shall afterwards be verified by the head of the office concerned with the impression in the applicant's service book.

(G.Os. No. 152, Pension, dated 13th March 1902, and No. 2171 Public Health, dated 18th October 1932, and Surgeon-General's P.No. 165-E, dated 12th July 1930.)

480. **Certificates of age of females.**—Grant of—Prohibited—Except in the case of—

(1) bonafide applicants for admission to the public services (paragraph 472 above);

(2) persons seeking examination under the Indian Factories Act (paragraph 137) or under paragraph 587.

(3) persons sent for examination on the written authority of a Magistrate, Judge, Superintendent, Assistant Superintendent or Deputy Superintendent of Police residing within the district;

(4) Women emigrants who apply for age certificates for pass-port purposes—No Officer of any grade of the Medical Department in Civil employ shall, in any capacity, make examinations for or issue certificates testifying to the probable age of females.

(Circular No. 54, dated 27th October 1909 and G.O. No. 627, Health, dated 27th February 1952.)

481. **Procedure for determining the age.**—(*a*) Examination for age can be made by a physical or radiological examination or both and the certificate issued should in every case, specify the nature of the examination adopted.

(*b*) In stations where there are no facilities for radiological examination, age certification should be based on physical examination only and, should be so specifically stated in the certificates. If however, the medical officer is requisitioned by the Police or the Judicial authorities to obtain a radiological data also and then opine as to the age, steps should be taken immedialtey to send

individual to be examined for age, to the nearest stations where there are radiological facilities with a covering letter. In no case, there should be a delay or refusal to grant a certificate based on physical examination only.

(c) In stations, where there are radiological facilities an age certificate may be granted in accordance with the requirements of the requisitioning authority whether by a physical examination only, or by a physical and radiological examination.

(d) Requisition for age certification should be carefully scrutinized to see if only a physical examination is to be done or both physical and radiological examination ; if the requisition is indefinite the requisitioning authority should be requested to state clearly whether one or both the examinations are required, at the same time, communicating to that authority, the availability or otherwise of the facilities for a radiological examination at that station.

NOTES.—(1) It should be remenbered that the most accurate evidence of age is the production of a birth or baptismal certificate or extracts from the birth or bapimsmal registers failing which the evidence of eye witnesses present at birth.

(2) At best, determination by physical or radiological examination or both is only an estimation and cannot be expected to give absoultely correct results.

(3) It is open to courts to accept an opinion based on physical or radiological, it is open to the medical witness to modify his opinion in the court when he is put in possession of additional data based on one or other of the examinations.

(4) In the majority of instances, it is unlikely that the results obtained from a physical examination will vary widely from those obtaine d from radiological examination especially in children and adolesecents.

(5) Age determination by radiological examination aims at ascertaining the extremes of ossification viz., the commencement and completiion, and during the interval changes occur in the ossification centres and lines which changes cannot be interpreted with accuracy by radiological methods, and which are subject to be influenced by various factors such as race, subracial groups, climate, sunlight, food, vitamin supply, exercise, work, heredity, illness, etc., these factors should be taken into account in assessing age by ossification only.

(G.O. No. 3285, Public Health, dated 24th July 1940 and Surgeons-General's P. No. 285-E, dated 2nd August 1940).

481.A. **Determination of age of an adolescent before commital to Borstal School**—Notwithstanding anything contained in paragraph 481 above, the following instructions should be observed in order to avoid any difference of opinion as to the age of the adolescent at the time of his/her commitial to a Borstal School.—

(a) A thorough physical examination including the growth of teeth, hair sexual capacity, etc., should be done in addition to the radiological examination, before giving an opinion. The opinion should be based both on the physical and radiological examinations, as it is not safe to depend solely on either of these two examinations.

(b) If there is a difference of opinion as expressed by a physical examination and a radiological examination, in any particular instance, the case may be referred to the District Medical Officer in the muffussal and in the Madras City to the Professor of Forensic Medicine, Madras Medical College, Madras, for a second medical opinion furnishing full particulars of the case, with the medical reports.

(c) When a second medical opinion is sought for as contemplated by clause (b), the officer consulted should be apprised of the first opinion.

(G.O. No. 3852, Home, dated 29th December 1954 and Director of Medical Services Circular P. No. 8-G/55, dated 15th January 1955.)

482. **Medical examination of women Government servants.**—The following procedure should be adopted in regard to the medical examination of women Government servants :—

(i) in the case of non-gazetted women officers, women registered medical practitioners will be recognised competent to grant certificates of physical fitness. For purpose of leave or extension of leave on medical grounds, certificates granted by registered medical practitioners should ordinarily be accepted.

(ii) in the case of gazetted officers, a medical board consisting of women medical officer will be convened at the Kasturba Gandhi Hospital for Women and Children, Madras (*See* paras graph 559).

483. **Medical examination of girls under the Tamil Nadu Children Act, 1920 and women and girls dealt with under the Tamil Nadu Suppression of Immoral Traffic Act, 1930.**—In the City of Madras, girls who are dealt with under the Tamil Nadu Children Act, 1920, and women and girls dealt with under the Tamil Madu Suppression of Immoral Traffic Act, 1930, should be examined by the women medical officers in the Kasturba Gandhi Hospital for Women and Children, Madras or Government Hospital for Women and Children, Egmore, Madras. In the muffassal the examination of such girls and women for purposes of ascertaining their age should be done by women medical officers wherever possible.

(G.O. No. 1726, Law and Education, deted 30th July 1934, and Government Memorandum No. 31228-13-H-3, Health, dated 29th October 1953.)

484. **Reciprocal arrangement with other State Government.**—The Tamil Nadu Government have agreed to reciprocal arrangements between them and the Governments of Maharashtra, Assam, Bihar, Orissa, Kerala, Karnataka, Uttar Pradesh, Madhya Pradesh and Andhra Pradesh in the matter of free medical examination of Government Servants by Medical Officers or by Medical Boards for any purpose connected with leave including (1) extension of leave, (2) fitness to resume duty after leave and (3) invalidating from Government Service.

Fees prescribed for Medical examination conducted in connection with commutation of pension and for issue of physical fitness certificates for first appointment in Government service have to be borne by the pensioners or candidates themselves as the case may be, and there should not be any free medical examination for these purposes.

(G.Os. No. 678, Public Health, dated 24th February 1942, No. 1207, Public Health, dated 1st April 1942 and No. 308, Public Health, dated 4th February 1943, Government Memorandum No. 57808/44-3-G, Public Health dated 16th February, 1945, No. 33280-G/45-2, Public Health, dated 4th September 1945, No. 34928/43-1-G-, Public Health, dated 6th Nov mber 1943 and Government letter No. 57, Public Health, dated 8th January 1946 and G.O. Ms. No. 2253, Health dated 18th September 1963.

485.—**Deleted.**

Section 2.

PHYSICAL FITNESS CERTIFICATES.

486. **Requisition from head of office or department.**—No medical officer in Government employ shall examine, for determining the physical fitness for public service, any candidate except on a written requisition from the head of the office or Department in which he seeks employment.

(G.O.s. No. 805, Public, dated 24th July 1911, and No. 424, Public Health, dated 29th January 1941.)

487. **Officers competent to grant certificates of physical fitness.**—Civil Medical Officers of rank not lower than a Civil Surgeon of District Medical Officer other than those who are entirely debarred from private practice under Rule 18 (*a*) of the Special Rules relating to the Tamil Nadu Medical Service are alone authorised to grant certificates of physical fitness for public service, but in the case of a person whom it is proposed to appoint to a post the maximum pay of which is not more than Rs. 240 and who cannot conveniently be brought before an officer of higher rank, a certificate from a medical officer of rank not lower than that of an Assistant Surgeon employed under the Tamil Nadu Government or by an Honorary Assistant Surgeon or Physician appointed by the Tamil Nadu Government to a Government medical institution may, at the discretion of the appointing authority, be accepted. If the appointing authority is not satisfied with the certificate granted by an Honorary Assistant Surgeon, he may demand a second certificate from a non-Honorary Medical Officer.

(Director of Medical Services' Circular P. No. 248/M/50, dated 13th November 1950.)

NOTE.—Certificate of physcial fitness issued by ('A' or 'B' or 'C' Class practitioners of Inland Medicine to Government servants should not be accepted under any circumtances.

(G.O. No. 3307, Health, dated 25th September 1951.)

488. **Form of certicate.**—The certificate to be given to a candidate for employment in the Public service shall be in the form prescribed in subsidiary rules 1 to 10 of the Fundamental Rules and should contain such additional particulars regarding the candidates physical finess for the duties he will be expected to perform as the Head of the Department or Office making the requisition he may desire to have.

Provided that in the case of candidates selected by the Tamil Nadu Public Service Commission for appointment to any post under the Government of Tamil Nadu, the forms given in Annexure I-A to the Fundamental Rules shall invariably be used.

[Government Memorandum No. 17571/44-2, Public (Services), dated 24th April 1944.]

489. **Production of certificates before the Tamil Nadu Public Service Commission.**—(*a*) In the case of a Government servant who produced a medical certificate of fitness before the Tamil Nadu Public Service Commission as a candidate for a post in Government service no further medical examination should ordinarily be required before employment or confirmation :

Provided that in the case of an approved probationer, who is not a full member of any other service, State or Subordinate the appointing authority may, if it has reason to believe that the probationer's physical fitness has seriously deteriorated since he satisfied the commission, require him to undergo a fresh medical examination.

(*b*) If the production of a further medical certificate is considered unnecessary, the certificate produced before the Tamil Nadu Public Service Commission should be attached to the Government servants first pay bill :

Provided that an approved probationer who is not a full member of any service and who has produced before the Tamil Nadu Public Service Commission a certificate of physical fitness signed by an officer lower in rank than that of a Civil Surgeon or a District Medical Officer shall not be appointed substantively to a post the maximum pay of the scale of which is more than Rs. 240 per mensem unless he produces a medical certificate of physical fitness signed by a Civil Surgeon or a District Medical Officer.

490. **Scrutiny of certificates of physical fitness produced by candidates selected by the Public Service Commission.**—(*a*) Certificates of physical fitness produced by candidates selected by the Tamil Nadu Public Service Commission for appointment under the Tamil Nadu Government shall be referred to the Director of Health Services and Family Planning/the Director of Medical Education for his opinion, if they are defective or if the Commission feels any doubt regarding the fitness of a candidate, or regarding the status of medical officer, who issued the certificate. Certificates received from the Commission should be scrutinized as quickly as possible and returned within a week of their receipt.

[G.O. No. 1206, Public (Services), dated 20th September 1932.]

[Madras Public Service Commission letter No. 586/C/36, dated 29th June 1936 and G.O. No. 1455 Public (Services), dated 29th August 1936].

NOTE.—Certificates of physcial fitness granted by retired medical officers should not be accepted. But a certificate granted by a retired officer, who after retirement is employed in an honorary capacity in a Government Medical Institution, may be accepted, if it is otherwise in ordr.

(Surgeon-General's P. No. 25/B/40, dated 14th March 1940 and Surgeon-General's P. No. 105/B/41, dated 29th August 1941).

(*b*) In cases where there is any difficulty as to whether or not a particular candidate may be considered to be physically fit, the Director of Health Services and Family Planning/the Director of Medical Education, Madras may on his initiative and after consultation with the Commission and shall when so required by the Commission arranged to convene a medical board for examining the candidate and getting a second opinion in the matter, provided that in either case, the fee due to the medical board for the medical examination is paid by the candidate concerned.

[G.O. Ms. No. 230, Public (Services), dated 19th February 1954].

491. **Instructions to eye specialists for the exanimation of candidates with defective vision.**—(1) Every candidate applying for appointment to State or Subordinate Service who has defective vision has to produce a certificate regarding his vision from an eye specialist (*Vide* paragraph 588). For this purpose, the Tamil Nadu Public Service Commission shall publish a list of recognised eye specialists for the information of candidates every year in consultation with the Director of Medical Education. In order that the certificates granted by eye specialists may be of real value, the following conditions have been laid down for the recognition of Medical Officers as eye specialists for the purpose of granting special eye certificates to candidates applying to the Tamil Nadu Public Service Commission :—

(i) The Medical Officer must possess in addition to his medical qualification a special diploma in Ophthalmology ; or

(ii) He must have undergone one year's post graduate training in recognised ophthalmic hospital, department or clinic attached to Government medical institution or have been on the staff of such a hospital, department or clinic for at least two years, provided they continue to practice ophthalmology as a speciality.

(2) The concession of granting certificates will be restricted to Government Medical Officers of all grades, Honorary Surgeons and Physicians and Honorary Assistant Medical Officers appointed to Government Medical Institutions.

(G.O. No. 2485, Public (Services), dated 31st August 1943).

492. **Production of certificate on change of office.**—A Government servant in whom a defect has been noticed by the Medical Officer who granted him his first certificate of health may not be transferred from the office to which he was originally appointed to another office the duties of which are different in character except on production of a certificate from a Civil Surgeon or a District Medical Officer to the effect that the defect will not materially interfere with the discharge of his new duties by the Government Servant transfered.

493. **Health certificates to students in Government Training Institutions.**—Medical Officers will grant health certificates to students seeking admission into Government Training Institutions when they can show proper authority for applying for such certificates.

(Surgeon-General's Circular No. 8, dated 10th April 1893).

494. **Production of certificates by trainees on admission into Government service.**—The fact that a candidate trained in Government training institution has produced a certificate of general health before admission into the institution will not relieve him of the necessity of obtaining a fresh certificate before admission into Government service.

495. **Production of certificates by retrenched and re-employed Government Servants.**—Government Servants retrenched and re-employed under rule 4 of the Re-employed Personnel (Conditions of Service) Rules, 1932, should be subject to the same provisions as would for the time being, be applied to him if he were entering Government service for the first time on the date of his re-employment, i.e., he shall be subject to the provision of Fundamental Rule 10.

496. **Medical examination of retired medical officers and nurses for purposes of re-employment.**—For purposes of re-employment, medical officers and nurses who retired from Government service should be examined as to their physical fitness by the authorities mentioned below:—

(i) Civil Surgeons and Asssistant Sureons—Medical Board.

(ii) Nurses—Government Medical Officer not below the rank of an Assistant Surgeon.

(G.O. Ms. No. 690, Public Health, dated 25th February 1942).

497. **Certificates of acuteness of vision in certain cases.**—(1) Candidates applying for posts for which physical standards have been prescribed and those selected for posts in other cases should, if they have defective vision, produce along with the certificate of physical fitness a special certificate regarding their eye-sight from eye specialists in the employ of the Government.

(2) Where the eye specialist is of the rank peescribed for the grant of the certificate of general physical fitness, he should if so, desired by the candidate, grant him also such certificate. In such cases, the total fee payable shall be only that fixed for the grant of a general physical fitness certificate. Where, however, the eye specialist is not of the prescribed rank or where he is not requested to grant the certificate of general physical fitness as well, he may levy for the examination of the candidates' vision alone a fee equivalent to one-fourth of the fee referred to above.

[G.Os. No. 1212, Public (Services), dated 1st December 1931, No. 1575, Public (Services), dated 7th December 1932, No. 922, Public (Services), dated 4th June 1935, No. 2176, Public (Services), dated 12th December 1935, ank No. 2482, Public (Services), dated 17th December 1940].

498. Employment of persons with bno vision or defective vision in one eye in Public Services.—(1) Candidates with no vision or defective vision in one eye, for appointment to Government service, should be judged on the merits of each case and a decision taken by a competent Medical Board after carefully considering the following points:—

(*a*) the functioning or useful eye should be normal in every respect and should possess-

Distant vision 6/6	Without glasses.
Near vision 0.5 sn	

The field and annexe should also be normal.

(*b*) A candidate with adequate vision in one eye alone may be passed as fit only of the duties to be discharged by him are such as could be performed satisfactorily with the assistance of his functioning eye without entailing any risk to the individual concerned or to the public.

(*c*) The condition which led to the loss of vision in one eye and the possibility of the other eye being affected later should be taken into account.

[G.O. No. 4493, Public (Services), dated 11th December 1950.]

NOTE.—The above instructions apply to Government servants under the administrative control of the Tamil Nadu Government. They are not applicable to candidates for appointment to technical and non-technical gazetted appointments under the Government of India, as in their case candidates with one eye defective are not regarded as fit for entry into Government service.

(2) In the case however to candidates for appointment under the Government of India for classes III and IV it is left to the discretion of the examining Medical Officer to decide whether or not a particular one-eyed candidate is fit for service.

(Director of Medical Services' Circular P. No. 383-M/51, dated 16th October 1951.)

499. Visual standard—Tamil Nadu Police Service.—(1) The following visual standard has been prescribed for candidates for appointment to the Tamil Nadu Police Service by direct recruitment.

	Right eye.	*Left eye.*
Distant vision	6/6	6/6 (snellen).
Near vision	0/5	0/5 "

(*b*) Each eye must have full field of vision.

(*c*) Squint or any morbid condition of the eyes or lids of either eye will disqualify. Colour blindness will not however be deemed a disqualification for appointment to the service.

NOTE.—The test referred to above should be conducted at the Government Ophthalmic Hospital, Madras.

(2) Colour blindness should be made a disqualification for appointment by direct recruitment to those classes of the Tamil Nadu Police Subordinate Service to which such recruitment is permissible under the statutory rules also for appointmet by transfer to the class of Sub-Inspectors of Police. The test should be conducted by the District Medical Officer concerned in the case of candidates in the mufassal and the Government Ophthalmic Hospital, Madras, in the case of candidates in Madras City.

(3) The visual standard prescribed in rule 12 (a) of the Tamil Nadu Police Subordinate Service Rules is a standard of vision without the use of glasses and consequently candidates for appointment to that service whose eye-sight does not satisfy that standard should be deemed to be disqualified for appointment.

(4) When a Police constable is sent for medical examination to a hospital which has no eye clinic, the medical officer concerned will adopt the following procedure in order to test his visual standard:—

The surgeon should stand facing the Patient at a distance of about 2 feet. The patient should be asked to cover his left eye with the palm of his hand and to look straight into the surgeon's left eye. The surgeon should close his right eye and then move his hand from the periphery towards the common line of vision of the patient's right and his own left eye, keeping his hand in the plane half way between the patient and himself. Directly he sees himself, the patient ought to say that he also sees it. The movement of the hand are repeated in various parts of the field, above, below

to the right, to the left and so on. Thus the surgeon tests the range of patients' field by that of his own which may be considered normal. The above method for testing the field of vision for recruitment of police constables does not require any special appliances if the patient has full field of vision; otherwise the candidates should be directed to appear before the medical officer incharge of the nearest hospital with an eye clinic.

(G.O. Ms. No. 4105, Home, dated 17th October 1940, and Surgeon-General's P.No. 156-E-2, dated 28th October 1946.)

500. **Radiological examination of Police recruits at the time of their medical examination as to their physical fitness**—All Police recruits, who are sent for medical examination to ascertain their physical fitness, should invariably be subjected to the radiological examination to find out whether or not they have any symptoms of tuberculosis.

(G.O. No. 3608, Home, dated 9th October 1952.)

501. Employment of deaf persons in Government Service.—The standards of physical fitness prescribed for recruitment to the State and Central Services require that in order to be passed fit, a candidate must be free from deafness. While it is not intended to make any change in this respect, there may be certain kinds of employments, especially of the artisan class and those involving manual labour which might be held by deaf or deaf-mute persons without much loss of efficiency, if not actually on equal footing. Therefore in the case of the kinds of employment referred to above, viz., post of artisan class or those involving manual labour or skilled labour, deaf-muteness or deafness need not necessarily be regarded as a disqualification against such appointment provided that the person concerned is otherwise fit and qualified to hold the post so that he may be given an opportunity of leading as full and useful a life as his disablement permits.

(Government of India, Ministry of Home Affairs, O.M. No. 60/137/50-Ests., dated 28th July 1950, and Surgeon General's Circular P. No. 221-M/50, dated 7th October 1950.)

502. Grant of certificates of physical fitness to candidates suffering from Neural Leprosy for public service.—(1) A candidate for appointment in public service should not suffer any inveterate skin disease. Non-infective leprosy can only be considered an inveterate skin disease on two scores—

(i) If there is deformity which cannot be remedied and is likely to increase;

(ii) If the type of neural leprosy is such that the patient may become a lepromatous case in later years.

(2) Candidates with non-infective leprosy can be regarded as fit, if they are examined by a recognised Government Leprogist of not less than five year's standing and produce a certificate from him in the following form:—

I, Dr.., do hereby certify that I have examined.., a candidate for employment as a ....in the Tamil Nadu service and found that he/she is suffering from Neural Leprosy which is not infective and is of no danger to the public. He /she should undergo treatment in a recognised leprosy treatment centre and should subject himself/herself for a periodical medical examination once in three/six months by a competent authority and produce a certificate of non-infectivity.

He/she has deformity* and I am of opinion that this deformity is† likely/not likely to interfere with the proper discharge of his/her duties.

Signature ;

Designation ;

Nature of deformity should be specified. This should be scored out if there is no deformity, and initialled.

† Strike out whichever is not applicable.

NOTE.—The servants of local bodies who are required to produced certificate of age and health before first appointment are treated as public servants and the provisions contained in this paragraph, which are applicable o Government servants, shall apply to servants of local bodies, etc.

[G.Os. No. 2983, Public (Services), dated 5th July 1950, No. 3772, Health, dated 2nd Novermber 1951 and No. 308, Public (Services), dated 4th anuary 1955.]

503. Medical Examination of displaced Government Servants.—In the case of displaced Government Servants who have migrated from Pakistan to India, no demand for the production of a certificate of physical fitness should be made if they are permanent refugee Government servants at the time of migration when they secure employment under the Central or the State Government. Temporary refugee Government servants should however be required to be medically examined before they are confirmed as permanent Government servants.

[G.O. No. 3756, Public (Services), dated 20th September 1950.]

504. Levy of fees for the medical examination of candidates as to their physical fitness.—Candidates for employment under the Central Government and local bodies or servants of such local bodies candidates for Tamil Nadu Government service selected by the Tamil Nadu Public Service Commission and candidates selected by the heads of offices or heads of departments should pay the prescribed fee to Government Medical Officers for the grant of certificates of physical fitness.

Provided that candidates for appointment to the inferior service, to the posts of Last Grade Government Servants in work-charged establishments, posts of constables in the Police force and posts in warder establishments in the Jail Department and generally to posts the maximum of the scale of pay of which does not exceed Rs. 240 shall not be required to pay fees for the grant of certificates of physical fitness by Government Medical Officers.

(G.Os. No. 1220, Health, dated 5th April 1950 and No. 373, Health, dated 2nd February 1951.)

NOTE.—The above rules applies to the employees of the Universities as well.

(G.O. No. 1895, Public Health, dated 5th July 1944.)

505. Medical examination of candidates for appointment to gazetted posts under the Central Government.—(1) Candidates newly appointed to posts in the All-India Services and to technical posts under the Central Government should invariably be examined by a Medical Board.

(2) The following procedure should be adopted for the medical examination of direct recruits to other gazetted posts under the Central Government :—

(i) All candidates recruited to gazetted posts by the Union Public Service Commission after advertisement should be examined by a Medical Board, whether or not they are already in permanent or temporary Government Service; and

(ii) Candidates appointed to gazetted posts which are not expected to last for more than a year or to posts not otherwise covered by (i) above need be required to produce a certificate of physical fitness only from a Civil Surgeon or a District Medical Officer.

NOTE.—The above procedure does not apply to permanent persons in non-gazetted posts who may be promoted to gazetted posts otherwise than after advertisements by the Union Public Service Commission, nor do they supersede any rules for medical examination prescribed in cases where recruitment is through a competitive examination.

(G.O. Ms. No. 4060, Public Health, dated 17th November 1949, and Surgeon-General's P. No. 276/M49, dated 26th November 1949.)

506. Medical examination of candidates for appointment under the Central Government.—(1) Candidates for appointment to vacancies in Central Government Offices who are examined by authorized medical attendants for the purpose of grant of certificate of physical fitness, who on such examination are found to be suffering from a temporary disability which can be removed by proper treatment and who are subsequently re-examined after they have undergone the necessary treatment should pay fees for the first as well as the subsequent medical examination. The amounts so paid by the candidates shall be retained by the Medical offiers who conducted the examination on both occasions.

(Surgeon-General's Circular P. No. 53-M-50, dated 22nd March 1950, and G.O. No. 2135, Health, dated 3rd July 1952.)

(2) Candidates for appointment under the Employee's State Insurance Corporation should be examined as to their physical fitness for service by the State Medical Officers in the same way as candidates for service under Central Government concerned.

507. Grant of certificates of physical fitness to military personnel invalided from military service.—(1) All military personnel discharged from service on medical grounds should be required to produce a certificate of physical fitness from a Civil Medical Board in the case of gazetted appointments and from a single medical officer of the grade of a civil surgeon in the case of other appointments before their appointment in the civil departments, whether such appointment is substantive temporary or under emergency rules. In the case of candidates selected and alloted by the Collector the certificate should be demanded by the appointing authority.

(2) All military personnel invalided from service by a military Medical Board who apply for appointment under local bodies may be examined as to their physical fitness by a single medical officer of the grade of a civil surgeon.

(Surgeon's General's P. No. 192-E-2, dated 4th September 1945.)

508. Medical examination of persons for postal life insurance.—(1) In recommending lives for postal insurance, Medical Officers should state whether or not the life of a proposer is an ordinary good one and can be accepted at the rates given in the tables of the Post Office Insurance Scheme. The Post Office Insurance Fund Rules do not provide for the load of premia and it is not the intention of the postal department to make a capital of any physical disability of a proposer or to undertake any extra risk. The opinion given by Medical Officer should be definite as to whether the life can be accepted or not. Nothing between these two is permissible and only 'first class' lives should be recommended. It is particularly important that the Government should not be exposed to loss through the faulty observation or neglect of any detail of the examination by the Medical Officer.

(G. O. Nos. 25 and 75 of 1899 and Surgeon-General's P. No. 134-E, dated 2nd July 1928.)

(2) No second medical examination of applicant for postal life insurance whose application has once been rejected on medical grounds is permissible.

(Surgeon's General's P. No. 192-E-2, dated 4th September 1945.)

(3) Assistant District Medical Officers may examine applicants for postal life insurance when they hold additional charge of the post of the District Medical Officer during the absence of the latter on leave other than casual leave and grant the necessary certificates.

(Surgeon's General's P. No. 194-E, dated 8th September 1945.)

NOTE.—Assistant District Medical Officers should not grant certificates for postal insurance when they hold additional charge of the districts during the absence of the District Medical Officers on casual leave, court duty, tour or inspection duty, etc.

(Surgeon-General's P. No. 8-Bud, dated 4th February 1938.)

(4) The names and medical qualifications of Medical Officers who examine applicants for postal life insurance should be written in black letters just below their signature in the postal insurance proposal forms. Information regarding qualifications of medical officers is required to verify whether the proposer has been examined by a Medical Officer possessing the requisite medical qualification prescribed by the Government of India. According to rule 21 of Post Office Insurance Fund Rules, the Medical Officers are required to obtain the proposers signatures to the declarations above the medical opinion in the proposal form on the day of medical examination. At the time of medical examination, the Medical Officers should see that the proposers signatures are obtained (whether the examination is for the first time or second time) even if through an error the declaration is found already signed and dated.

(Letter from the Postmaster-General, Madras, No. L.I.O. Mis. II, dated 23rd June 1952 and Director of Medical Services' Circular P. No. 256/M/52, dated 23rd July 1952.)

509. Certificates of prisoners's firtness to travel.—(1) The Medical Officer in charge of a hospital or dispensary shall grant "certificates of fitness or otherwise to travel" to prisoners whom it is intended to despatched to a jail when such prisoners are produced at a hispital or dispensary during the usual hours of attendance.

(2) At stations where the examination of prisoners for this purpose can be nore conveniently carried out at the sub-jail itself; as for instance, where a Medical Officer is either in-charge of the sub-jail or visits it regularly in the course of his routine duty, the examination may take place on the occasion of his visit to the jail thereby avoiding the necessity of sending prisoners to the local hospital or dispensary.

(G.O. No. 149, Public, dated 3rd March 1909.)

510. Certificates to children returning to the Lawrence School, Lovedale, The Nilgiris District—District Surgeons in the City of Madras and District Medical Officers and Civil Surgeon in the mufassal shall issue certificates in the following form as to their state of health and freedom from infection to children returning to the Lawrence School, Lovedale, after holidays, information being obtained where necessary from the City Health Officer or the Health Officer of the district station as the case may be—

MEDICAL CERTIFICATE

I certify that I have examined aged years, and that is in good health and free from skin and any other disease and that as far as I can ascertain there has been no liability to infection from Zymotic diseases in a locality in which resided.

(G.O. No. 806, Educational, dated 18th November 1911.)

511. **Examination of ex-soldiers reservists and recruits.**—Ex-Soldiers and reservists of the Indian Army shall be medically examined free of charge, by medical officers in civil employ in stations in which there are no military medical officers, on receipt of a requisition from an officer commanding a unit a recruiting officer or the Pension Paymaster, Madras.

(G.O. No. 966, Public, dated 8th December 1909.)

511 (2) *Deleted.*

512. **Certificates under Tamil Nadu Motor Vehicles Rules,** 1940.—(1) Medical certificates prescribed in Tamil Nadu Motor Vehicles Rules, 1940, should be granted by—

(*a*) **In the Madras City**—District Surgeons in the City of Madras besides the Medical Officer Madras City Police.

(*b*) **In the mufassal.**—(i) at District Headquarters.—All District Medical Officers, Assistant District Medical Officers and other Government medical officers;

(ii) at taluk headquarters stations.—All Government medical officers attached to taluk headquaerters medical institutions.

(2) Women medical officers will not be required to grant certificates except to women drivers. All paid medical officers referred to above should grant the medical certificates as part of their regular duties and will not be entitled to any fees for the grant of such certificates. They should satisfy themselves before a certificate is issued that a fee of Rs. 2 in stamps is affixed by the party concerned to the certificate in the prescribed form.

(3) All honorary medical officers attached to Government medical institutions are also eligible to grant certificates on payment of such fees as they deem fit to demand. No such certificate will be valid unless a fee of Rs. 2 payable in stamps and creditable to Government is affixed to it.

(4) A register should be maintained in each Government medical institution showing the following details:—

(i) the names of persons to whom the certificates were issued;

(ii) the names of officers granting the certificates; and

(iii) the fees realized and credited to Government by way of court-fee stamps.

(G.O. Ms. No. 1423, P. H., dated 20th April 1939, and 372, P.H. dated 31st January 1940.)

513. **Certificates to commercial Air Pilots.**—The determination of the question whether an Air pilot is fit or unfit for fling necessitates the possession of special qualifications on the part of the examining medical officer and for this purpose, the Government of India have specially trained and approved certain medical officers at centres where flying organisations principally exist. Certificates of fitness to fly or otherwise should not be granted by other medical officers.

(G.O. No. 2101, P.H., dated 10th June 1938.)

514. **Certificates to shipping companies on behalf of passengers.**—A detailed and accurate medical history in respect of persons who are ill and who desire a passage on board a ship should be furnished to the Shipping Companies so that they might have some idea of the nursing and medical needs of the patient whom they are to transport. The person who requires the passage should pay for the Medical history if one is required by the Shipping Company. The actual amount to be paid for such professional attendance is however a matter to be settled between the passenger and the doctor.

(D. G. I. M. S. letters No. 46-19/39-2M, dated 21st August 1939, and No. 52-7-40/15 M, dated 2nd May 1941.)

515. **Certificates to Indian Seamen.**—The medical examination of claimants for disablement allowances under the Lascar War Risks Compensation Scheme should be done by an officer not below the rank of a Civil Surgeon and doubtful and difficult cases should be referred to a medical board. X-ray examination necessary to assess properly the degree of disablement sustained by claimants to compensation should be done at a Government hospital possessing the necessary equipment. No fee should be charged for any such examination.

(G. Os. No. 3945, P. H., dated 21st August 1940, and No. 1229, P. H., dated 25th March 1941.)

516. Medical examination of India seaman disabled as a result of enemy action.—(1) The medical examination of Indian Seaman, disabled as a result of enemy action, should be done free of charge immediately after they land in Tamil Nadu so that the precise nature of the physical damage sustained by them may be recorded at the outset. Where the disablement is of a material nature, further examination will be made at intervals of not more than three months until such time as it is possible to assess the residual disablement for the purpose of compensation, but such assessment would normally be made not later than six months after the war injury was sustained. The first examinations will be conducted by officers not below the rank of a Civil Surgeon. Subsequent examinations at intervals of three months will also be made by a Government medical officer not below the rank of a Civil Surgeon. For the purpose of final assessment of residual disability the seaman should undergo examination by a State Medical Board. The report, of the State Medical Boards making the final assessment of residual disability will be sent to the Central Government who will place them before the Central Medical Board which will scruitinize them and inform the Central Government whether it accepts or does not accept the assessment of the State Medical Board. In cases where the Central Medical Board does not accept the assessment of the State medical Board, it may summon the seamen before it and re-examine him.

(2) The folloing instructions should be observed by State Medical Boards in assessing the permanent residual disability of injured seamen:—

I. The State Medical Boards, when examining the injured seamen for purposes of assessing the final residual disablement should have before them a copy each of the following.—

(i) War Pensoins and Detention Allowances (Indian Seamen, etc.) Scheme issued under the Government of India, Commerce Department, Notification No. 275-M.II(21)-39-War (1), dated the 31st January 1942;

(ii) Memorandum issued by the Ministry of Pensions to be read with the above scheme.

(iii) Schedule I to the Workmen's Compensation Act;

(iv) War Pensions (Indian Seamen, etc.) Scheme (Statutory Rules and Orders, 1944, No.1083)/ published under the Government of India, Commerce Department, Notification No. 17-M.II(110)/42 M. III/44, dated 18th November, 1944.

(v) Government of India, Education Health and Lands Department Letter No.F.52-20/43-Ht dated 17th November 1943, and Commerce Department, letter No. 17:M,II/(69)/42-War dated 6th April 1943; which may be studied so that the Board may know what its function is and how it should assess the disability; e.g.,

(*a*) the degree of disablement should be assessed in accordance with the 1941 scheme in the case of those whose injury was sustained before 1st May 1944 while in cases where the injury was sustained on or after the said date the assessment is to be made in accordance with the 1944 scheme.

(*b*) In the case of an injury which is specified in the first column of the First Schedule to the Indian Workmen's Compensation Act, 1923 (in cases governed by the 1941 scheme) or which is specified in the first column of the fourth schedule of the 1944 scheme (in cases governed by the 1944 scheme) the degree of disablement shall be asssessed and certified at the percentage specified in the second column of these scheduleds in relation to that injury.

(*c*) the degrees of disablement in respect of other injuries shall be certified by way of a percentage—

(1) total disablement to be represented by 100.

(2) and a lesser degree by

(i) Less than 25 per cent	In respect of those coming under 1941 scheme.
(ii) 25 per cent	Do.
(iii) 50 per cent	Do.
(iv) 75 per cent	Do.

AND

(i) Less than 20 per cent	In respect of those coming under 1944 schemes.
(ii) 20 per cent	Do.
(iii) Those greater to be in multiples of 10 upto 90 per cent	Do.

II. The State Medical Boards are required to state in their report the permanent residual disablement. In some cases it is stated that the disability is not permanent. In such cases the Board should state the probable duration of the condition and should re-examine the seamen after this period with a view to assess the permanent residual disablement. This is particularly necessary in the cases of deafness and chest conditions.

III. In the cases of repatriated prisoners of war, the condition which existed before captivity, the present exact condition and prognosis should be stated. It should also be clearly stated whether the disease had been aggravated during captivity.

IV. The degree of injury and the assessment of the loss of function should be described fully and legibly. The details furnished in the statement of the case both by the individual officer and the State Medical Board should be written legibly.

V. The signature and qualifications of the members of the Board should be typed or written in block capitals, below the signature.

VI. X-ray films should invariably accompany the State Medical Board's reports in appropriate cases. These films are very necessary in determining assessments in cases of ununited fractures and joint injuries, etc.

(G. Os. No. 3601, P. H., dated 20th November 1942, and No. 3295, P. H., dated 22nd December 1943 and Government Endorsement No. 22405-G/44-1, P.H., dated 12th May 1944, No. 40090-G/44-1, P.H., dated 10th August 1944 and No. 23635-G/45-1, P.H., dated 1st June 1945.)

517. **Examination of the members of the Tamil Nadu Police Subordinate Service.**—(1) The members of the Tamil Nadu Police Subordinate Service serving in the mufassal should be medically examined once in two years. The Superintendents of Police should arrange for the examination of each member of the Police Subordinate service by a Government Medical Officer or an honorary medical officer in sole charge of a Government Medical Institution, if any such officer is available at the station ; or if no such officer is available, by a medical officer, paid or honorary attached to a medical institution of any of the following classes :—

(i) Panchayat Union and Municipal Medical Institutions for which a percentage contribution is given towards the pay of medical officers employed in them ;

(ii) Panchayat Union and Municipal Medical Institutions in respect of which the Government meet one half of the annual maintenance charges ; and

(iii) Panchayat Union and Municipal Taluk Headquarters medical institutions in respect of which the Government meet the entire salaries of Government Medical Officers employed in them.

(2) The examination should be free in all cases.

(3) Medical Officers who are required to conduct the periodical medical examination of the members of the Tamil Nadu Police Subordinate Service should exercise sufficient care to see that medical standard prescribed for the recruitment of members is maintained when the periodical examinations are conducted.

(G. O. No. 889, Home, dated 22nd February 1940, and Surgeon-General's Circula P. N.o 249-E-2, dated 30th November 1945.)

518 **Periodical examination of memberrs of the Fire Fighting Subordinate Service.**—The members of the Tamil Nadu Fire Fighting Subordinate Service stationed (i) at Madras City shall be examined by the Medical Officer, Madras City Police, and (ii) in the mufassal in any of the medical institutions mentioned in paragraph 517 of this Code, read with paragraph 411-A of the Police Standing Orders, once in two years.

The examinations will be seen in all cases.

(G.O. Ms. No. 2254, Home, dated 6th June 1951.)

519. **Medical examination of cadets and officers of the National Cadet Corps.**—(1) The medical examination of newly enrolled cadets, and officers of the senior and junior divisions of the National Cadet Corps is carried out by Army Medical Officers at all military stations. At non-military stations, where army doctors are not available, such examination should be carried out by the

Government medical officer of the station in whose jurisdiction the unit is located. The physical standards required of candidates for enrolment in the National Cadet Corps are laid down in the Government of India, Ministry of Defence, Letter No. 016249-N.C.C., dated 19th March 1949. There should be no under day in conducting the medical examination of newly enrolled cadets, as any delay in this connexion will prevent them from undergoing the full training ; such examination should in any case be completed within one month of the commencement of the academic year.

(2) Periodical medical examination of cadets in the National Cadet Corps should also be carried out by State Medical Officers once in every six months to check the physical condition of the cadets and give necessary advice to them, so that there may be no rejections subsequently on medical grounds, for entry into the Military wing of the National Defence Army.

(3) As the National Cadet Corps is an organisation sponsored and financed by the State, Government Medical Officers of this State should carry out the first medical examination prior to enrolment as well as the periodical medical examination of National Cadet Corps cadets free of charge and the medical officers, who conduct the medical examination shall not be entitled to claim any fee in either case.

(G. Os. No. 1759, Health, dated 17th May 1950, No. 126, Health, dated 11th January 1951 and No. 3647, Health, dated 18th November 1952.)

520. Certificates of freedom from venereal diseases—Issue of—Instructions.—(1) The following instructions should be carefully followed by medical officers who are required to grant certificates of freedom from venereal diseases under Tamil Nadu Public Health Act, 1939.

(*a*) **Syphilis.**—In active latent syphilis of less than one year's duration, the patient should have had a minimum of six months continuous anti-syphilitic treatment, consisting of at least 20 injections of an organic trivalent arsenical preparation and 20 of Bismuth injections and two negative serological reports should be obtained after the cessation of treatment at an interval of three months before a certificate of freedom from infection is granted.

(*b*) **Gonorrhoea.**—In active or latent gonorrhoea the criterion of non-contagiousness is more difficult to lay down. For makes three consequtive nagative clinical and bacteriological findings after provocative test, are necessary before a certificate is granted. In females, three consecutive postmenstrual clinical and bacteriological findings should be negative before a certificate is granted.

(2) If the medical officer has to cause bacteriological or serological tests to be made before issuing a certificate, such tests will be conducted free of charge in the laboratories attached to Government Medical Institutions or in the King Institute, Guindy, in the case of those who are entitled to free treatment. In the case of those not entitled to free treatment, the full fee for conducting the tests should be collected in advance.

(G.O. No., 4532, P.H., dated 28th September 1940.)

521. Medical examination of recruits to the Indian Army at Non-Military stations.—(1) The medical examination of recruits for the Indian Army shall be carried out by the Military medical officers at all military stations. At non-military stations, such examination will normally be done by a recruiting medical officer. In exceptional circumstances both during peace and war, medical examination of recruits to the Indian Army should be done by District Medical Officers and Civil Surgeons in charge of a district, on receipts of requisition from the military authorities. No fee should be charged for such examination.

(G.Os. No. 2738, P.H., dated 2nd August 1939 and No. 3324, P.H., dated 26th July 1940.)

(*a*) (i) Paragraph 25 of the Recruiting Regulations India lays down that non-technical and technical recruits will be examined by any of the undermentioned medical officers :—

(ii) I.A.M.C. Officers.

(iii) Civil Surgeons.

(iv) Assistant Surgeons appointed to act as Civil Surgeons, In addition to the officers mentioned above, the services of the following officers may also be utilized when necessary for the medical examination of recruits for both the non-technical and technical branches of the recruiting organisation :—

(1) Assistant Surgeons of the State Medical Service.

(2) Private Medical Practitioners holding a degree qualification.

(3) Private medical practitioners holding a licentiate qualification.

(*b*) When the services of private medical practitioners are utilized, the following fees will be paid :—

(i) Those with a degree qualification.—A fee up to a maximum of Rs. 5 per recruit subject to a maximum of Rs. 20 a day for all services rendered to the military authorities.

(ii) Those with a licentiate qualification.—A fee upto a maximum of Rs. 2 (two only) per recruit subject to a maximum of Rs. 10 (ten only) a day for all services rendered to the military authorities.

Private medical practitioners holding a degree qualification will be allowed travelling allowance and Daily allowance admissible to second grade officers and those holding a licentiate qualification will be allowed travelling allowance and Daily allowance as for third-grade officers while on tour in connexion with the examination of recruits for the Indian Army.

(iii) The fees prescribed in paragraph (ii) above will also be admissible to part-time medical officers appointed by the Labour Department at Civil Hospitals for the preliminary examination of recruits obtained by E.A.R.Os./E.A.T.R.Os.

(iv) The above procedure is a joint measure. The expenditure involved will be debitable to appropriate old Main Head of the Defence Services Estimates.

(v) Medical Officers who are in Panchayat Union employ, when required to examine medically recruits for both the non-technical and technical branches of recruiting organisations, are entitled to fees, admissible to private medical practitioners, prescribed in sub-paragraphs above.

NOTE.— The above concession applies to the medical officers who are purely Panchayat Union employees and not to Government Medical Officers but to Panchayat Union.

(Surgeon-General's P. No. 56-E, War, dated 18th August 1942, P. No. 55-E, War, dated 14th December 1942, P.No.53-E-2, dated 6th March 1945 and P. No. 76-E-2, dated 14th April 1945).

Section

SICK CERTIFICATES.

522. Requisitions to District Surgeons in the City of Madras.—(1) A Government servants employed at Madras, who obtains sick leave on a certificate granted by a District Surgeon in the City of Madras and who desires an extension of leave on medical certificate while residing at Madras must appear before the surgeon of the district in which the original certificate was granted. Similarly Government servants employed in the districts, who are residing at Madras on sick leav and who obtain a first extension of such leave on a certificate granted by a District Surgeon in the Madras City, must appear before the surgeon of the same district, if they desire a further extension of leavel.

(2) Likewise requisitions from Heads of Offices for certificates of physical finess of candidates or public service or of fitness of Government servants for continuance in such service should, in cases where the candidates have already been examined by a District Surgeon in the Madras City be addressed to the Surgeon of the same district.

(G.O. No. 694, Public, dated 16th September 1905 and No. 484, L and M (Medical), dated 7th September 1920.)

(3) DELETED.

523. Procedure for granting medical certificates.—The procedure to be followed in the matter of grant of medical certificates to gazetted and non-gazetted officers applying for leave or extension of leave or commutication of leave on medical certificate is laid down in Section III oir part I of Annexure II to the Fundamental Rules.

(Surgeon-General's Circular No. 6, dated 16th May 1905 and G.O.s. No. 728, Revenue, dated 24th May 1905, No. 820, Public, dated 10th September 1910 and No. 2746, P.H., dated 30th October 1930.)

524. Special procedure in the case o Police establishments.—No leave on medical certificate or extension thereof shall be granted to non-gazetted officers and subordinates and menials of the City Police force, who are in Madras City or within 16 kms. thereof at the time of application for leave or extension of leave on medical certificate, without a certificate from the Medical Officer, Madras City Police. Certificates issued by registered medical practitioners to applicants for such leave or extension thereof who are at the time of application more than 16 kms. away fro the Madras City shall not be accepted, without the countersignature of the Medical Officer, Madras City Police.

NOTE.—(1) The Medical Officer, Madras City Police should keep in touch with the physicians and surgeon attached to Government Hospitals in the City who are treating members of the police staff.

(Government Memorandum No. 766-4, Public (Political), dated 12th June 1930.)

(2) The conditions referred to above are not applicable to the Ministerial Staff of the City Police force.

(G.O. Ms. No. 1921, Home Department, dated 1st August 1974.)

525. Certificates by Medical Officers on leave.— Medical Officers on leave at hill stationss are prohibited from granting certificates to officers residing there to enable them to appear before a medical board. Such certificates will only be granted by the regularly appointed local medical officer.

526. Medical certificates not to be granted without requisition.—Certifying surgeon should not grant any medical certificate recommending leave or extension of leave to a Government servant without an official requisition from the head of the department or office to which the Government servant belongs.

(G.O. No. 2746, P.H., dated 30th October 1930.)

NOTES.—(i) Medical Officers should see that requisitions for medical examination received from heads of officers are in the prescribed form and contain all the particulars required before they comply with such requisitions.

(Government Memoradum No. 23175-I-D 1, P.H., dated 11th June 1928.)

(ii) In the case of Central Government Servants no formal requisition from the heads of offices is necessary for the grant of sick certificates or certificates of fitness to return to duty from leave on medical certificate.

(Surgeon-General's Circular P. No. 56-M, dated 24th March 1950.)

(iii) In the case of non-gazetted officers and employees of the local bodies drawing a pay less than Rs. 300 per mensem, no formal requisition from the head of the office is necessary for the grant, by authorized medical attendants, of sick certificates or certificates of fitness to resume duties from leave on medical certificates.

527. Public servants when ill to be reported sick.—If a public servant is ill he must be reported sick. If it is considered that the station in which he is serving is inimical to his constitution and that he is likely to have better health elsewhere, he is still to be reported sick and unfit for duty and dealt with accordingly. Medical Officers are prohibited from recommending a change of station to a public servant baceause the one in which he is serving or to which he is directed to producee is not recruited to his constitution.

(Circular No. 20, dated 20th August 1894.)

528. Medical observation by Civil Surgeons.—In cases where a medical officer is required to issue a medical certificate and where he thinks further observation of the case necessary, he is entitled to insist on it. M.F. No. 1—64 is prescribed for the preparation of the medical cases of Gazetted Officer for submission to the Director of Health Services and Family Planning/Director of Medical Education, before an officer can appear before the medical board. Care should be taken to comply with the printed rules on the form of medical statement.

(G.O. No. 911, Public, dated 18th February 1888.)

529. Observation for suspicious applicants.—When Government servants who are known to be "under a cloud apply for sick leave", they should be kept under close observation before a decision is arrived at by a medical officer. The period of stay in the hospital, if any, either for the purpose of observation or for treatment, should included in the amount of leave recommended.

(Suregon-General's P. No. 44-Bud., dated 2nd July 1937.)

530. Sufficiently long leave absolutely necessary for recovery to be recommended.—In recommending sick leave to public servants, sifficiently, long leave so as to ensure complete rest and revcovery should be recommended. In any case in which there appears to be no reasonable prospect that the officer concerned with ever be fit to return to duty he should be invalided subject to the concessions a sregards leave permitted under the subsidiary rules framed under rule 74 (a). of the Fundamental Rules.

(G.O. No. 60, Pension, dated 25th January 1907.)

531. **Qualified recommedations not to be made or accepted.**—Qualified recommedations o leave should not be made by medical officers. Under the subsidiary rules issued by the Govern ment under Fundemental Rule 74(*a*) the entire responsibility for deciding whether an officer does or does not require leave on account of ill-health rests with the medical officer who grants the certificate. The medical officer has no right to transfer this responsibility to the administrative officer by entering in his certificate such qualified statements as "leave is advisable" or If leave is due". The question whether leave is due or, if so, what kind of leave does not concern the medical officer granting the certificate. His duty is to advise, with reference to the state of the applicant health, whether leave is absolutely necessary and if so, for what period. No medical certificate shall be accepted by heads of offices in which the medical officer does not accept the responsibility placed upon him both as to the absolute necessity of the leave applied for and as to the period for which absence from duty is required.

(G.O. No. 213, P.H., dated 29th January 1936.)

532. **Form of sick certificate for non-gazetted officers.**—Medical certificates granted to non-gazetted officers of Government should be prepared in M'F. No. 1—69, the medical certificate being recorded on the front page and the statement of the case on the back.

(Circular No. 13, dated 20th June 1984.)

533. **Nature of illness of a Government servant.**—When the particulars of Government servant's illness are required in the interests of Government by his official superiors the Government Medical Officer, who has dealt with his case in his official capacity may be required to supply them without infringing the relation which ordinarily obtains between a patient and his medical adviser. But in practice, as the information in question must almost invariably be required in connection with the grant of leave, it should ordinarily be demanded, if at all, from subordinate himself, who can obtain it from his medical attendant in the way in which the some what analogous statements required to support an application for leave on medical certificate are obtained.

(G.O. No. 309, Public, dated 24th April 1906.)

534. **Instrictions to Government servants.**—The following instructions have been laid down by Government for the guidance of public servants.—

(i) It shall be the duty of every Government servant who consults a medical practitioner with a view to obtaining leave or an extension of leave on medical certificate to disclose to that practitioners the fact of his having consulted any other practiitioner for the same purpose and the result of such consultation. Omission on the part of any public servant to do this or any false statement made by him to a medical practitioner in this respect will entail serious departmental notice.

(ii) If a public servant desires to put in, for any official purpose a medical certificate obtained from a Registered Medical Practitioner, it must be in the presribed form (Medical, Form No. 1—69). Copies of this will be supplied by the Director of Stationery and Printing. Madras to any registered practitioner, on application in reasonable numbers at cost price.

(iii) If a public servant desires to prove for any official purpose that he has been under the professional treatment of any medical practitioner, he shall obtain from such practitioner an admission and a discharge certificate in the form prescribed (Medical Form No. 1—57), showing commencement and termination of treatment. The admission certificate should be forwarded immediately on admission. This form must bear the thumb-impression or marks of identification of the public servant or a certificate from the medical practitioner that the public servant is personnally known to him.

(G.O. No. 236, Medical, dated 3rd May 1919.)

535. **Medical certificate from private practitioners and second medical opinion.**—(1) An application by a non-gazetted Government servant in superior service for leave, of for an extension of leave, on medical certificate, must be accompanied by a certificate from the applicant's medical attendant who should be a Registered Medical Practitioner. Such certificate should distinctly state the nature of the illness, its symptoms, probable causes and duration, the period of absence from duty considered to be absolutely necessary for the restoration of the applicant 's health and the date from which such absence should take effcet.The a uthority competent to grant the leave may in its discretion either accept the certificate or secure a second medical opinion be sending the applicant for medical examination either to the District medical Officer or to the narest Government Medical Officer available. Should it decide to secure a second medical opinion it must arragne for the second medical examination to be made on the earliest possible date after the date

on which the first medical opinion was given. It will be the duty of the District Medical Officer or the other medical officer, as the case may be, to make an independent examination of the applicant and, on the basis of such examination, to express an opinion both as regards the facts of the illness and as regards the amount of leave required.

NOTE.—(i) The possession of a certificate as prescribed in this rule does not itself confer upon the Government servant concerned any right to leave.

(ii) The above procedure will not apply to non-gazetted officers and subordinate of the Madras City Police In their case, the procedure laid down in paragraph 538 will apply.

(iii) A non-Gazetted Government servant who has produced a medical certificate recommending grant o leave or extension of leave from a Gazetted Government Medical Officer should not be referred for a secon medical opinion merely for the purpose of ascertaining whether the leave or extention of leave may be granted o not, without the approval of the Government in the adminsitrative department concerned. They may howeve refer the non- Gazetted to a Medical Officer to a Medical Board as to his fitness for further service as required i para 2 of G.O. No. 1331, Public, (Services), dated 6th August 1936 if it is considered that the Government servan not able to perform his duties properly on account of any ailment.

(G.O. Ms. No. 1582, (H), dated 11th May 1956).

(2) No certificate should be submitted for counter signature without the cognizance of the head of the office in which the applicant is serving.

(3) The countersigning officer may in his discretion require the applicant to appear before him, unless it appears from the certificate of his medical attendant that he is too ill to bear the journey, In the later case, the officer may after careful investigation of the case, either countersign the certificate or refuse to do so, as he things fit.

(4) The following 'A' Class practitioners of Indian medicine are empowered to issue sick certificates in respect of patients treated or examined by them in respect of all diseases for the purpose of sanctioning leave and for their fitness to rejoin duty on the expiry of such leave.

(i) Indian Medical Practitioner with H.P.I.M., G.C.I.M., L.I.M. and B.I.M. qualification who have registered their names with either the Board of Integrated Medicine, Madras or the Central Board of Indian Medicine, Palayamcottai.

(ii) Indian Medical Practitioners of Kerala State with DAM/BAM/DSM qualification who have registered their names with the Central Baord of Indian Medcine, Palayamcottai.

(iii) Indian Medical Practitioners of Karnataka State with LAM/LUM qualification who have registered their names with the Central Board of Indian Medicine, Palayamcottai.

(5) Indian Medical Practitioners who have registered their names with the Central Board of Indian Medicine, Palayamcottai, under 'B' or 'C' class will not however be competent to issue medical certificate to Government servants for grant of leave or for fitness to rejoin dury on the expiry of such leave.

(G.O. Ms. No. 432, Health, dated 23rd February 1973).

536. Government servants in the early stage of leprosy.—(1) If a Government servant shows signs or symptoms of leprosy he should not for this reason alone be considered to be disqualified for public service, and he invalidated at once. He should be granted all the leave to his credit to enable him to undergo up-to-date treatment and should be invalidated from service only if and after undergoing the treatment for the full period of leave to his credit, he is still certified to be infective.

(2) A Government servant having neural lesions bacteriologically negative for Mycobacteria Leprae may be permitted to continue to work provided that (*a*) he undergone up-to-date treatment regularly from any medical practitioner registered under the Tamil Nadu Medical Registration Act, 1941, or in a recognised leprosy treatment centre till he obtains a discharge certificate in accordance with sub-paragraph (4) (*b*) below; (b) he produces a certificate quarterly from any of the medical officers in-charge of the Leprosy clinics to the head of his office to the effect that his lesions are still non-infective and (c) he has no deformities or contracture which are likely to be a disability in service. The quarterly certificate may be obtained from the Medical Officers of Control Units (Government or voluntary) who have, worked in leprosy for a minimum period of five years or from the District Leprosy Officers.

(G.O. Ms. No. 1542, Health, dated 7th June 1960.)

(3) A Government servant who is not engaged in any such occupation as that of school teacher, personal servant or cook whose lesions are bacteriologically positive should be allowed to return to duty on presentation of a non-infectious certificate, subject to the condition that he

continuous treatment until he reaches phase of negativity and maintains that phase for minimum period of six months and during which time a minimum of three consecutive smears taken once a month are negative for Mycobacteria Leprae. He should continue to take treatment till he is advised by the Medical Officer who has put in five of service to stop treatment. The period for reporting for re-examination is once in 3 months in the case of infectious cases till he is released from treatment with a Certificate of quiescence. A Government servant engaged in any of the following employments should not be allowed to return before the completion of a quiescent certificate, "School teacher, Child nurse, barber, dhobi, food vendor, personal servant and any employment or occupation involving risk of infection to children."

(4) The discharge certificate to be given to Government servants after they have undergone the full course of treatment should be in one of two kinds and in the following forms:—

1. I have discharged today......................as a non-infective case.

He has satisfied the following condition, and is therefore fit to join service.

He is bacteriologically negative for Leprae bacilli in the skin smears taken by ordinary slit and scrape method. He has maintained that negativity continuously; smear being taken three times once a month during minimum period o? six months. The smear should be taken atleast from five following places—Both ears, forehead, cheek, chin, chest, back thigh and glutext region.

II. I have discharged to day......................as a quiescent case. He has satisfactorily maintained the following condition for a minimum period of five years an is therefore fit to continue in service:—

(*a*) There is no increase or decrease in the size of the lesion.

(*b*) There are no areas of infitration.

(*c*) The nerves are not tender.

(*d*) There are no areas of Eytheme.

(*e*) Bacteriologically negative and has maintained that negativity during that period.

Station:

Medical Officer.

Date:

Copy to—

(*a*) The head of the office.

(*b*) Medical Officer in-charge of the recognized treatment centre at............

(*c*) Honorary Director, Leprosy Campaign, Headquarters Hospital, Vellore.

NOTE.—(i) Report on attendace for treatment—The Registered Medical Practitioner or Medical Officer in charge of a recognized treatment centre should report monthly to the head of the office under whom the patient is working, that the patient is attending the clinic regularly for treatment.

(ii) Recognized Leprosy Treatment Centre—A Recognized Leprosy Treatment Centre shall be Government Leprosy Co trol Unit or a Leprosy Unit attached to a Government District Headquarters Hospital or Government Taluk Headquarters Hospital or Government Dispensary or Panchayat Union or Municipal Hospital or dispensary or a voluntary Medical Institution doing leprosy relief work.

(iii) Definition of non-infectious case—A case is non-infectious if the following conditions are fulfilled.

He is bacteriologically negative for leprae bacilli in the skin smears taken by ordinary slit and scrafe method. He has maintained that negativity continuously; smears being taken three times once a month during minimum period of six months. The smears should be taken at least from five following places. Both ears, forehead, cheek, chin, chest, back thigh and gutex region.

Station :

Medical Officer.

Date :

537. **Government servants suffering from Tuberculosis.**—(1) Government servants suffering or suspected of suffering from Tuberculosis, if employed in the Madras City, should be sent to the Government Tuberculosis Institute. Madras, for medical examination and if employed in the mufassal to the nearest tuberculosis clinic attached to Government District Headquarters Hospitals. Cases in the mufassal should be sent to the clinic through the District Medical Officers concerned. If a Government servant is found suffering from tuberculosis and, if tuberclebacilli are found in the sputum the employee should be granted such leave as he is eligible for. He should be required to undergo treatment in a Government Medical Institution or if he so prefers, to place himself for treatment under a competent private medical practitioner or in a private institution established for the treatment of the disease. He should be required to undergo medical examination at the Government Tuberculosis Institute or at a tuberculosis clinic, as the case may be, before he rejoins duty and should not be allowed to resume duty unless the sputum is negative for tubercle bacilli by culture. If he is unfit for further service, he should be invalided in accordance with the usual procedure.

(2) The medical examination of Government servants including X-ray and other kinds of examination will be done free of cost; for the journeys to the Government Medical Institutions and back in connection with the medical examination etc., referred to above, Government servants will be eligible for travelling allowance in accordance with the Tamil Nadu Travelling Allowance Rules.

(3) The following concessions are allowed for the Government servants drawing a pay below Rs. 500 per mensem (Non-Gazetted), who are suffering from Tuberculosis:—

(i) An interest free advance of pay equal to two months' basic pay recoverable in full in not more than eighteen monthly instalments during the period when the Government servant enjoys full leave salary.

(ii) Unearned leave on Medical Certificate which was originally available on half pay up to 18 months as leave on full pay to be availed of only after exhausting the full earned leave at his credit.

(iii) An ex-gratia allowance equal to half pay subject to a maximum of Rs. 75 per mensem and minimum of Rs. 40 per mensem during extra-ordinary leave for the treatment of Tuberculosis Leprosy or Cancer.

Gazetted Officers are not eligible for the above concession referred to (i) and (ii). The concession mentioned in (iii) is eligible for the Government servant on a pay not exceeding Rs. 1,000 per month.

(G.O. Ms. No. 610, Finance (FR II), dated 12th May 1973).

(G.O. Ms. No. 112, Finance (F.R.I.), dated 5th February 1975).

(4) The following medical institutions are regognised as treatment centres for tuberculosis.—

1. Government Chest Institute, Egmore, Madras.
2. Government Tuberculosis Sanatorium, Tambaram.
3. Coimbatore Medical College Hospital, Coimbatore.
4. Government Headquarters Hospital, Thanjavur at Nagapattinam.
5. Government Headquarters Hospital, Tiruchirappalli.
6. Government Erskine Hospital, Madurai.
7. Coimbatore District Jubilee Tuberculosis Sanatorium, Perundurai, Coimbatore District
8. Government General Hospital, Madras.
9. The Santhosham Memorial Tuberculosis Sanatorium, Tambaram.
10. The Rajaji Tuberculosis Sanatorium, Tiruchirappalli.
11. The Coimbatore Tuberculosis Sanatorium, Peelamedu.
12. District Tuberculosis Centres.

538. Leave to non-gazetted police Officers.—(1) The following instructions should be observed by medical officers in dealing with police personnel in the matter of grant of leave on medical grounds on passports and medical certificates:—

(*a*) In the case of non-gazetted police officers of the rank of Sub-Inspectors and below, short leave not exceeding one month may be recommended on passport. All particulars regarding nature of disease, date of admission and discharge, period of leave, etc., should be made available in the sick passport itself. No requisition need be insisted upon for issuing fitness certificates eventhough the medical officer is different one who recommended the leave not exceeding one month.

(*b*) When it is a long leave on medical grounds, a requisition will be issued by the Superintendent of Police and leave may be recommended by the medical officer on the prescribed form of certificate. On the expiry of the leave, if the individual is to appear for fitness certificate before the same medical officer who recommended the leave, no fresh requisition should be insisted upon. In other cases the Superintendent of Police will issue a fresh requisition. In the cases of leave exceeding six months, the medical officers will certify in the medical certificates about the likelyhood or otherwise of the police personnel, returning to duty on the expiry of the leave recommended.

NOTE.—(1) Ordinarily, no non-gazetted police officer should be admitted as an in or out-patient without a passport. In cases of urgent illness, a passport should be got as soon as possible after admission. Sub-Inspectors reporting sick on passports signed by themselves should not ordinarily be admitted except in exceptional cases of real sickness.

Medical Officers should write out their endorsements together with their designations on the passports in clear and lucid terms and their recommendations should be precise.

2. Police constables and head constables reporting sick and requiring leave or exemption from duty should be passported by the police authorities to a Government, Panchayat Union, Municipal Hospital or dispensary or Rural Dispensary or Modern or Indian System of Medicine.

3. Whenever the police officer passporting a head constable or constable makes a note in the passport, that he (the head constable or constable) is reporting sick only after being told off for a particular onerous duty, medical officers should not recommend leave at once, but should admit the head constable or constable for observation and where such observation reveals no applicable ailment, it should be clearly stated so in the passport.

(Surgeon-General's P. No. 332-E, dated 4th December 1923,
P. No. 160-E, dated 19th July 1924, P. No. 13-B, dated 16th January 1933,
P. No. 94-B, dated 27th July 1942, and P. No. 83-M, dated 17th March 1951 and
G.Os. No. 2130, Health, dated 3rd July 1952,
No. 1403, Health, dated 15th April 1953 and
Government Memorandum No. 31228-13-H-3, Health, dated 29th October 1953).

38-A5. Special Disability Leave.—The period of leave granted shall be such as is certified by a medical Board to be necessary. It shall not be extended except on the certificate of a Medical Board and shall in no case exceed 24 months.

NOTE.—In the case of Non-Gazetted Government Servants of the Police including the Fire Service Branch and Excise Department, a certificate of a Civil Surgeon shall be sufficient, if the period of leave recommended does not exceed two months.

[F.R. 83 (3).]

539. Qualifying recommendations in the case of police personnel.—Police personnel discharged from hospital after treatment should not ordinarily to be certified as fit for duty with qualifying recommendations such as exemption from any particular kind of duty, e.g., blowing the buggle for two months, night duties for one month, night roll calls for two weeks, wireless service for six months and the like. In exceptional cases, however, medical officers declaring policemen fit for duty may recommend exemption from hard duties for a maximum period of one week. No undue leniency should, however, be shown by medical officers while making such recommendations.

(Surgeon-General's Circular P. No. 187-E/2, dated 28th August 1945,
P. No. 67/F-2, dated 8th May 1947 and
P. No. 260 M/50, dated 28th November 1950.)

540. Special procedure for the grant of hospital leave to policemen.—(*a*) In order to determine whether the hospital leave to be granted to Police Head Constable and Constables. Sub-Inspectors, Assistant Sub-Inspectors, Reserve Sub-Inspectors, Reserve Assistant Sub-Inspectors under Fundamental Rule 101(*b*) should be on half or full average pay, medical officers should furnish the following distinct certificates as to the case and nature of the disease in passports produced by constables:—

(i) Disease not due to intemperate or irregular habits; and

(ii) the detention in hospital was due to an injury received or disease contacted in the course of duty and it is also certified not to have been due to imprudence. All the circumstances of the case should be reported to the medical officer who should taken them into consideration before issuing one or the other of the above certificates. Cases in which the medical officer's certificate are considered incorrect may be brought to the notice of the Director of Health Services and Family Planning/Director of Medical Education by the Inspector-General of Police.

(*b*) Notwithstanding anything contained in clause (*a*) above the data to be furnished by medical officers in the passport of policemen suffering from venereal diseases attending the hospital should be in the following form:—

Disease — Admitted on —— out/in —— patient.

Venereal / Non-Venereal — on.....................

discharged on.............

due / not due — to imprudence

has / has not — been caused by irregular or intemperate habits.

Might have been / Might not have been — contacted in the course of duty.

(c) When policemen is found to be suffering from a venereal disease, the medical officer should interrogate him and ascertain possible contacts from which he may have acquired the disease. If extra-marital contacts appear to have taken place, the medical officer should certify that the disease is due to "imprudence and irregular habits if necessary". As a matter of routine the medical officer should also advise the policemen to have his wife or other contact examined. If it is found that the infection was not the result of any sexual contact, the medical officer should certify that the disease was not due to imprudence or to intemperate habit.

(*d*) Hospital leave should be granted under Fundamental Rule 101 only in cases arising from non-sexual causes of from contact with one's own wife and not in cases arising from extra matital contact.

(G.Os. Ms. No. 507, Judicial (Police), dated 21st September 1923 and Ms. No. 3235, Home, dated 13th August 1951.)

541. Quarantine leave to policeman.—(1) The police personnel sent to escort prisoners of infectious diseases wards and to guard them should be vaccinated or inoculated as the case may be, so that the period of incubation in their case may be over during the period they are derained in the hospital on duty. If the men of the guard have been observed during the incubation period of the disease, no quarantine leave should be given to those who show no symptom of infection at the end of the incubation period.

(2) The necessary to isolate the men sent on escort and guard duty in the hospital itself so as to keep them under observation for the incubation period should be considered only in those cases where period of guard duty is less than period of incubation. In such cases, the men should be kept under observation for the period required either in the headquarters hospital or in the police hospitals, wherever they exist, and the period of detention in the hospital from the date on which the men finish their duty till they are sent back, be treated as special casual leave with full pay.

(G.O. No. 4186, Home, dated 1st November 1951.)

542. Medical examination of the members of the Tamil Nadu Fire Subordinate Service.—(1) The members of the Tamil Nadu Fire Subordinate Service in Madras City will be passported to the police dispensary only with a sick passport for treatment as in the case of police subordinate.

(2) The Medical Officers of the Police Dispensary and the City State Hospitals should furnish the following particulars on the passports in the cases of all members of the Tamil Nadu Fire Subordinate Service reporting sick and attending the dispensary and the City State Hospitals for treatment:—

(*a*) Disease.

(*b*) Has/has not been caused in intemperate habits.

(*c*) Treated as in/out patient.

(*d*) Date of admission (forenoon or afternoon).

(*e*) Date of discharge (forenoon or afternoon) and certificate as to his fitness to return to duty or otherwise.

(3) Members of the Tamil Nadu Fire Subordinate Service on discharge from hospital should not be recommended exemption from any particular duty and as such they should be treated as fit for duty.

(Surgeon-General's Circular P. No. 58-E-2/46, dated 22nd March 1946, Letter No. 746/Accounts/3, dated 3rd October 1953 of the Inspector-General of Police, Madras, and Government Memorandum No. 31228-13/H-3, Health, dated 29th October 1953).

543. **Medical examination of medical students and nurse pupils during the period of study and training.**—With a view to prevent medical students and nurse pupils from contacting tuberculosis during the period of study and training, the following procedure should be adopted to carry out a thorough annual medical examination of both medical students and nurse pupils.—

(1) The Superintendents of teaching hospitals attached to the medical colleges should arrange for the medical examination of the medical students on their admission into the colleges and for an annual examination of the other students who are already admitted on the rolls of the college by the physicians of the hospitals in convenient batches and in cases where there is a suspicion of tuberculosis, an X-ray examination or screening should be done. The medical examination of the students should be spaced out over the entire academic year.

(2) The Superintendents of the hospitals where there are training centres for nurse pupils should follow a similar procedure in the case of pupil nurses.

(3) A card index in the prescribed form in respect of each medical student and nurse pupil should be maintained recording the result of examination.

(4) The medical examination as well as the X-ray examination, wherever necessary, should be done without payment of fees.

(G.O. No. 3063, P.H., dated 10th September 1947, Surgeon-General's Circular P. No. 10/E-2, dated 4th February 1949 and G.O. No. 4017, dated P.H., 12th November 1949).

544. **Grant of hospital leave to certain classes of Government servants.**—The following rules govern the grant of hospital leave to members of subordinate services, whose duties expose them to special risk of accident or illness:—

(1) The grant of hospital leave is subject to the condition that the leave salary is not in addition to the benefits to which the employee may be entitled under section 4(1) (*d*) of the Workmen's Compensation Act but is inclusive of them.

All Last Grade Government Servants and such subordinates Government servants whose duties involve handling of dangerous machinery, explosive materials, poisonous drugs, etc., or the performance of hazardous tasks, while under medical treatment for illness or injury if such illness or injury is directly due to risks incurred in the course of their official duties, are eligible for hospital leave the grant of hospital leave is subject to the following further conditions:—

(*a*) Hospital leave should be granted on the production by the Government servant concerned of a medical certificate from his Authorised Medical Attendant or a certificate of a superior officer not below the rank of a Gazetted Officer to the effect that the illness or injury was directly due to risks incurred in the course of official duties and also that the leave recommended is necessary to effect a cure.

(*b*) The period of the leave shall be such as may be certified by the Authorised Medical Attendant to be necessary and shall not exceed the maximum laid down in instruction 3 below.

(G.O. Ms. No. 141, Finance, dated 31st January 1961.)

(2) All Last Grade Government Servants and subordinate of the following classes whether in inferior or superior service are eligible for hospital leave.—

Police head constables and constables, daffadars, lance daffadars and sowars in the sowar troop of the Madras City Police, Jail matron, head warders and sarders, foresters in receipt of pay not exceeding Rs. 210 forest gaurds, forest reserve watchers, head warders of warders and servants in Mental Hospital, petty officers of the Excise Department, press employees and syces in the Civil Veterinary Department, leading firemen, firemen-drivers, driver-mechanics, workshop staff, ambulance drivers and ambulance attenders in the Tamil Nadu Fire Service Department.

(3) A Government servant who holds only a temporary or officiating post and has no lien on a permanent post is not entitled to hospital leave. This provision shall not apply to a Police Constable or Head Constable or Band Head Constable or Reserve Head Constable or Armourer or Signaller or Motor Transport Driver or Band Police Constable or Reserve Police Constable, Bugler, Bellows, Boy, Daffadar, Lance affadars or Sowar in the Tami Nadu Police Subordinate Service or a Forest Reserve Watcher or a Leading Firemen Driver, Driver-mechanic, Firemen Mechanic welder firemen labourer or firemen in the Tamil Nadu Fire Service or any oth the employee of the Government Press including men paid from day-extra establishment and menials paid from contingencies but excluding those classified under Ministerial Service.

(G.O. Ms. No. 851, Finance, dated 8th July 1964.)

(4) Hospital leave on 50 per cent of leave salary may be granted for a period not exceeding six months in every three years of service to a Government servant of one of the classes mentioned in sub-paragraph (2) above when he is detained in hospital or is receiving medical aid as on out-patient that is to say a Government servant may not take more than six months' hospital leave before he has completed his third year of service not more than six months between completing his third year and six years of service and so on. It is inadmissible when such treatment is necessitated by intemperance or irregular habits. It may be combined with other leave which may be admissible provided that the total period of leave so combined shall not exceed 28 months.

(5) If the detention in hospital was due to an injury received or a disease contracted in the course of duty and it is also certified not to have been due to imprudence leave salary may be allowed for a period not exceeding three months in every three years. If the Medical Officer certified that the injury or disease necessitates detention in hospital that there is no hospital within convenient distance to which the patient may be sent and that home treatment is possible treatment as an out-patient may be considered to be detention in hospital for the purpose of this regulation.

(6) The following menials employed in the Government medical institutions are liable to contact illness in the performance of their duty. If the head of the office is satisfied that an illness has been contacted or aggravated through the discharge of their duty they may be allowed half pay while it continues whether subsitute is paid or not but the period of leave on half pay shall not exceed six months in any one term of three years whether the leave is taken in one period or by instalments, dhobis, barbers, attendant, lascars, ayahs, sweepers, disinfecting coolies, dispensing coolies (Royapettah Hospital), cooks, matis, waterman and women masalchis (Hospital for Women and Childran Chauffeurs, or ambulance car drivers, drivers of steam launders, bullok coach driver (Mental Hospital, Madras), mortuary attendant (Government Stanely Hospital, Madras), maistries, and Assistant maistries, carpenters painter, brick-layer and mason, tailor, blacksmith (Mental Hospital, Madras), liftmen, fitter coolies, gas coolies and cleaners (Electrical section, Government General Hospital, Madras), nursing assistant and totis.

545. Grant of medical certificates recommending leave, etc., to military personnel and civil officers employed in the Defence Services.—(i) When an officer of the Military department or a civilian officer employed in the Defence Services falls ill while on leave and asks for a medical certificate for purposes of leave from a civil surgeon, he should, except in the case of severe illness, be directed to report himself at once to the nearest military hospital or military medical officer and a medical certificate recommending extension of leave or stating that the individual concerned is unfit to return to duty should not be given by the Civil Medical Officer.

In cases of sudden or sever illness, however, it will be permissible for the Civil medical officer to issue a certificate in the following form—

"No Name and suffering from , is in owing to the severity of the disease, it is impossible to transfer him to the nearest military hospital. It is anticipated that he will be fit for transfer to (given station) Military Hospital by the (given date)."

(2) The patient should be transferred to the nearest military hospital as soon as he becomes fit to move and should be instructed to send the above mentioned certificates to the authority who granted the leave or to the station staff officer of the nearest military station. If, however, the patient is not fit to send the certificate himself, it should be sent by the civil surgeon.

(Government Endorsement No. 29812/42-1-G-1 P.H., dated 20th September 1943, Surgeon-Generals' P. No. 277-E(1), dated 23rd September 1943 and P.No. 66-E-2, dated 31st July 1944.)

Section 4.

INVALIDING CERTIFICATES

546. **Officers entitled to grant certificates of unfitness.**—Subject to the exceptions mentioned below, District Medical Officers and Civil Surgeons are alone authorised to grant certificates of unfitness for further service-*See* Article 442, Civil Service Regulations.—

(1) Honorary Surgeons and Physicians may issue certificates, invaliding for further service Government servants who are patients in their wards on receipt of a requisition from the heads of offices or departments to which the Government servants belong. Such invaliding certificates issued in the Madras City should be countersigned by the Director of Medical Education, Madras.

(2) *Deleted.*

(3) *Deleted.*

(4) The Chief Medical Officer, Lady Willington Leper Settlement, Tirumani, is deemed to be a Civil Surgeon for the purpose of granting invaliding certificates to Government Servants under his treatment for leprosy. The medical certificates in these cases should also be countersigned by the Director of Health Services and Family Planning/Director of Medical Education.

(G.O. No. 363, Finance, dated 27th June 1932.)

(5) *Deleted.*

(6) In the case of non-gazetted mufassal Police officers residing in Madras during the period of leave the certificate of unfitness for further service should be granted by the Medical Officer, Madras City Police.

(G.O. No. 915, P.H., dated 8th March 1938.)

547. **Requisitions for certificates of unfitness necessary.**—(1) No medical certificate of incapacity for service may be granted unless the applicant produced a letter to show that the head of his office or department is aware of his intention to appear before the Medical Officer. The Medical Officer shall also be supplied by the head of the office or department in which the applicant is employed with a statement of what appears from official records to be the applicant's age. Where the applicant has a service book, the age there recorded should be reported.

[Article 442(c) Tamil Nadu Pension Code.]

(2) In regard to officers and servants of the Police department, special precautions should be exercised. Medical Officers should confine themselves recommending leave to such policemen as are not likely to benefit by a further stay in hospital and should not certify that a policeman is incapacitated for further service unless they are officially requested to report upon his incapacity for further service. They should also be searching in the examination of the physical unfitness of every applicant for pension, and whenever the number of applicants for pensions is large the examination should, if possible be conducted by two medical officers.

(Circular No. 3, dated 20th January 1910.)

548. **Officers to whom requisitions are to be sent.**—All non-gazetted officers as to whose fitness for further service, there may be doubt, should unless they happen to be absent in other districts on long leave, be sent for examination before the District Medical Officer of the district in which they are serving. When a Government servant's jurisdiction falls within more than one Revenue District, he may be required to appear before the District Medical Officer of such district as may be departmentally convenient. If in special cases, this procedure has to be departed from the reasons therefor should be recorded in writing and communicated to the medical officer who is asked to examine the applicant.

(G.O. No. 128, Pension, dated 28th February 1912.)

549. **Form of certificate.**—The form of invaliding certificate to be granted to an officer applying for pension is laid down in Article 47(*a*) of the Civil Service Regulations, and should contain such additional particulars regarding his unfitness for the proper discharge of the duties appertaining to his position in the Public Service as the Head of his office or department may desire to have.

(G.O. No. 687, Finance, dated 20th July 1959.)

550. **Government servants invalided from service should not be retained in service.**—An officer who has submitted under Article 442 a medical certificate of incapacity for further service shall, if he is on duty, be invalided from service from the date of relief of his duties which should be arranged without delay on receipt of the medical certificate, or, if he is granted leave under Subsidiary Rule 24 under Rule 74(*a*) contained in Annexure II—Part I of the Fundamental Rules, on the expiry of such leave. If he is on leave at the time of submission of the medical certificate, he shall be invalided from service on the expiry of that leave or extention of leave,if any, granted to him under Subsidiary Rule 24 under Rule 74 (*a*) contained in Annexure II—Part I of the Fundamental Rules.

(G.O. Ms. No. 962, Finance, dated 30th August 1958).

551. **Cases of incapacity curable by operation.**—The disease from which an applicant is suffering is curable by an operation but this he refuses to undergo and is therefore invalided. In these circumstances no pension or gratuity is admissible. Each case of invalidation on account of a curable disease should be decided on its merits. The Accountant-General should forward such cases for the orders of Government.

(G.O.No. 668, Finance (Pension), dated 4th November 1932.)

552. **Invaliding certificates.**—*Examining authority.*—(1) A Medical Board, in the case of all Gazetted Government servants and those non-Gazetted Government servants whose pay, as defined in rule 9(21) of the Fundamental Rules exceeds Rs. 500 per mensem.

(2) A Civil Surgeon or a District Medical Officer or Medical Officer of equivalent status in other cases.

The Medical Certificate referred to in this Article should invariably be drawn up in Medical Form No. 1-27 (Civil Medical Form No. 32).

(G.O.No. 818, Finance (Pension), dated 16th September 1931.)

553. **Cases in which invaliding certificates should be countersigned by the Director of Health Services and Family Planning/Director of Medical Education.**—The counter-signature of the Director of Health Services and Family Planning/Director of Medical Education in the invalid certificates of an officer serving in the mufassal is not necessary except in cases referred to in paragraph 546 above. But all cases in which the Medical Officer certifies that the incapacity of an officer is due to irregular or intemperate habits, should be submitted to Government through the proper channel together with the opinion of the Director of Health Services and Family Planning/Director of Medical Education for the orders of Government.

(G.O. No. 526, Finance (Pension), dated 16th July 1914.)

In the case of Government servant serving in the Madras City, the Medical Certificate invaliding him, other than those issued by the Medical Board, should be signed or countersigned by the Director of Medical Education/Director of Health Services and Family Planning as the case may be. If the certificate is granted by a Medical Officer in charge of a district on account of the fact that he was spending his leave in that district, the certificate so granted should be got countersigned by the Director of Health Services and Family Planning/Director of Medical Education.

(Memorandum No. 84758/E1/66-2, dated 25th July 1966).

In the case of non-gazetted mufassal police officers residing in Madras during their period of leave, the Certificate of unfitness for further service should be granted by the Police Surgeon

(G.O. Ms. No. 915, P.H., dated 8th March 1938.)

554. **Incapacity due to irregular or intemperate habits.**—All cases in which the medical officer certifies that the incapacity of an officer is due to irregular or intemperate habits, should be submitted to Government through the proper channel together with the opinion of the Director of Health Services and Family Planning/Director of Medical Education for the orders of Government

(G.O. No. 526, Pension, dated 16th July 1914.)

555. **Incapacity in consequences of syphillis.**—Incapacity for further service of an applicant for pension in consequence of syphills should be treated as incapacity from any other disease or legitimate cause except when the circumstances of the case indicate proved and continued immorality or vice. The mere fact that an officer has suffered from syphilis is not sufficient to bring him under the operation of Article 455 of the Civil Service Regulations, provided thereis nothing

against his character in other respects. In the event of his retirement being necesisstated by such cause, the record of his service should be examined. The presumptions may be against the officer but it should not be accepted as other than a presumption and should be viewed as capable of being compeletly rebutted by the general evidence as to his character and conduct.

(Surgeon-General's Circular No. 64-P, 3176, dated 8th June 1909 and
G.O. No. 730, Pension, dated 6th November 1900.)

556. **Government servant suffering from leprosy and syphilis.**—(*a*) A Government servant reported to be suffering from leprosy or syphilis should not at once be invalided but should be granted such leave as may be necessary but not exceeding the amount to his credit to enable him to undergo proper treatment and he should be invalided from service in the former case only if after undergoing the treatment for the full period of the leave to his credit, he is still certified to be infected with the disease, and in the latter case only if he refused to undergo the treatment prescribed by competent medical authority or if such authority considers the treatment has failed.

(*b*) The following instructions have been laid down for the guidance of Medical Officers:—

(i) Syphilis and leprosy are amenable to treatment.

(ii) A Government servant reported to be suffering from the diseases need not necessarily be invalidated from service.

(iii) He may be granted such leave as is necessary but not exceeding the amount which he has to his credit in order to enable him to undergo proper treatment.

(iv) A Government servant who is suffering from these diseases and who refuses to undergo the treatment prescribed by the competent medical authority or where such authority considers that the treatment has failed is liable to be invalided from service.

(v) The question of the grant of an invalid pension will be decided on the merits of the case.

(vi) A Government Servant who has been granted leave to undergo treatment for syphilis should be allowed to return to duty only on the production of a cerificate from the Director of the King Institute, Guindy, or other recognized laboratory that his Wassermann reaction has been negative for two consecutive examinations made at an interval of three months or if the head of the office is satisfied that adequate facilities for continued treatment exist at the station to which the individual is posted. In the case of Government servants under the treatment of a Government Medical Officer, the Wassermann test will be conducted free of charge at a Government laboratory.

(c) If however he actually undergoes the treatment prescribed while under regular leave due, there is no objection to the grant of leave not due in continuation thereof.

(G.Os. No. 188, L.S.S., dated 26th January 1926,
No. 876, Public, dated 16th September 1927 and
No. 111, Public, dated 30th January 1929.)

Section 5.

MEDICAL BOARDS.

557. **Meetings of Medical Board.**—A Medical Board for the examination of applicants for appointments, leave on medical certificate, commutation of pension, invalidation from service and grant of liquor permit, etc., will assemble in the respective hospitals of the Regional Boards (mentioned in paragraph 458) in the ordinary course at 10 am. on Friday for eye examination and on Saturday for general examination except gazetted holidays and on other days when necessary. Statements of medical cases on behalf of gazetted officers prepared in triplicate in M.F No. I-64 should be forwarded so as to reach the office of the Director of Medical Eductaion, Madras not later than Monday, if the patient is likely to appear before the Board the following Saturday. Definite information regarding this fact should always be given in the covering letter.

(G.O. No. 1340, P.H., dated 2nd April 1940,
G.O. No. 201, Health, dated 7th February 1966.)

558. **Constitution of the Medical Boards.**—The following Regional Medical Boards with the allocation of regional jurisdiction among the three Medical Boards mentioned against them **are functioning in the State:—**

1. Medical Board at the Government General Hospital, Maeras	Madras District, North Arcot District, Chingleput District, Salem District and Dharmapuri District.

2. Medical Board at the Raja Mirusdar Hospital and Thanjavur Medical College Hospital Thanjavur.	Thanjavur District South Arcot District and Tiruchirappalli District.
3. Medical Board at the Government Erskine Hospital Madurai.	Madurai District Tirunelveli District Ramanathapuram District Kanyakumari District Coimbatore District and the Nilgiris District.

The Deans/Superintendents of the hospitals concerned will be delegated with the power for the constitution of Medical Board for the examination of applicants for appointments, leavs on medical grounds, commutation of pension, invalidation from service and grant of liquor permit, etc.

Medical examination of candidates.—The requisition for the medical examination of candidates within the jurisdication as indicated above should be sent to the concerned Dean/Superintendent of Regional Medical Board. The Deans or Superintendents shall prepare a a roster of medical officers sor the consitution on of Medical Board for every month and the senior most of the three members will be the Chairman of the Medical Board.

On receipt of requisition from the heads of departments for the medical examination of the candidates the Dean/Superintendent of the respective hospital of Regional Medical Board will arrange to constitute the Medical Board and afford necessary facilities for the conduct of medical examination of the candidates every week as indicated above. The Chairman of the Medical Board shall forward the reports to the concerned Deans/Superintendents of the Hospital immediately after the medical examination. The Dean/Superintendent of the Hospital shall forward the Medical Board's report to the concerned heads of departments as the case may be on the same day of medical examination and correspond direct with the concerned heads of departments on all matters connected with medical examination of candidates.

(G.O. Ms. No. 201, Education (P.H.), dated 7th February 1966).

559. **Medical examination of women candidates.**—In case of medical examination of women candidates in Madras, the medical examination will be continued to be carried out at the Kasturba Gandhi Hospital for Women and Children, Madras. The Dean, Government General Hospital will be responsible for arranging medical examination of such candidates and necessary instructions in this regard will be issued by the Dean, Government General Hospital, to the Superintendent, Kasturba Gandhi Hospital for Women and Children, Madras.

As regards the medical examination of women candidates in the mofussil, the medical examination will be arranged by the concerned Dean/Superintendent of the hospital of the respective Regional Medical Board with one Women Medical Officer on the clinical side in the grade of Civil Surgeon available in the hospital. If women medical officer is not available the candidate will be directed to Madras if she so wishes.

In all matters of doubt and where the sanction of the Director of Medical Education or Government is required, the Dean/Superintendent of the hospitals, shall refer the matter to the Director of Medical Education or to Government through the Director of Medical Education.

(G.O. No. 201, Education and Public Health, dated 7th February 1966.)

560. **Testing of eye sight.**—All cases intended or examination by the Medical Board in which the question of eye sight arises including the examinations of applicants for appointment to All-India Services, I.A.S., I.P.S., etc., and technical posts and for appointments to State Services and the cases referred to by the Union Public Service Commission and Tamil Nadu Public Service Commission for which specific standards of eye sight have been laid down shall be referred by the Director of Medical Education to the following four Ophthalmic Surgeons available in Madras City for eye sight examination at the Government Ophthalmic Hospital, Madras—

(1) Superintendent, Government Ophthalmic Hospital, Madras.

(2) Assistant Superintendent, Government Ophthalmic Hospital, Madras.

(3) Ophthalmic Surgeon, Government Stanley Hospital, Madras.

(4) Ophthalmic Surgeon, Government Ophthalmic Hospital, Madras (attached to Kilpauk Medical College, Madras).

(G.O. Ms. No. 1245, Health, dated 22nd May 1954.)

561. Appearance before the Board.—Procedure.—A Gazetted Officer should not be permitted to appear before a Medical Board without the congnizance of the head of the Officer's Office or if he is himself the head of his office, of the head of his department.

(Rule 11 in section III of Annexure II to Fundamental Rules.)

562. Leave in anticipation recommendation by the Board.—In cases where it is considered desirable by a Board that an officer should be permitted to proceed in anticipation of formal sanction of leave, a recommendation to this effect may be made in the proceedings and the officer concerned referred for further orders to his department.

(G.O. No. 4061, Public, dated 13th September 1892.)

563. Examination of officers appointed under contract.—Should a medical board be convened to report upon the state of health of an officer engaged under an agreement for a stated term of years without prospect of permanent employment, the point on which medical opinion is required should be clearly stated and the report of the medical board should be framed so as to make is clear whether or not the conditions under which the officer's services may, under his agreement be terminated on account of il-heallth are fulfilled. It is undersirable that a Medical Board should recommend an officer for leave to which he is not entitled under his agreement.

(G.O. No. 444, Finance, dated 10th October 1910.)

564. Leave.—Special disability.—Function of the Medical Borrd.—A medical Board is not competent to recommend the grant of special disability leave in Government Servants under Fundemental Rules 83 and 83(A). It should confine its report and opinion to the medical aspect of the case including an opinion on the period of leave required for recovery and that it is for the Government or the Head of the Department to decide whether in view of all circumstances of the case, including those reported by the Medical Board, the grant of special disability leave is justified or not.

(G.O. No. 1417, P.H., dated 28th August 1936.)

565. Non-Gazetted Servants.—Medical Examination.—Reference to a Medical Board—Procedure.—No reference to a medical board should be allowed where the object of the reference is merely to determine whether the leave or extension of leave applied for may be sanctioned without the approval of the Government in the administrative department concerned but the authority Competent to retire the applicant has the power be send him before a Medical Board for a certificate as to the fitness or otherwise of the applicant to remain in service if they consider that the Government Servant is not able to perform his duties properly on account of any ailment.

(G.O. No. 1331, Public (Services), dated 6th August 1936.)
(G.O. Ms. No. 1582, Health, dated 11th May 1956.)

566. Examination of candiates for All-India Services and Technical Posts—Fees for.—(*a*) Each candidate for the All-India Services and Technical posts, who appears before a Medical Board shall pay every medical examination a sum of Rs. 4 to the credit of State Revenues under the relevant hand and make over the receipt together with an additional fee of Rs. 12 each in cash to the Board before medical examination. The additional fee will be retained by the members of the board for being divided equally among themselves.

(G.O. No. 1893, P.H., dated 9th August 1934.)

(*b*) In addition to the fee referred to in clause (*a*) above, each candidate should pay a sum of Rs. 16 towards the charges for the Radiological examinations of the chest, if and when required by the Medical Board, out of which, a sum of Rs. 4 shall be paid to the Chief Radiologist who conducts the radiological examination and the balance of Rs. 12 shall be credited to Government.

(G.O. Ms. No. 222, Health, dated 22nd January 1955.)

567. Examination of employees of foreign Government.—A Medical Board may be appointed to examine employees of foreign Governments, including Burma Government, residing temporarily in the State of Tamil Nadu in the event of an application for such examination being received from the employer. In such cases, a fee of Rs. 36 should be levied for the examination by the Medical Board, 25 per cent of the fee being credited to Government and the balance divided equally among the members of the board.

(G.O. No. 1945, P.H., dated 13th October 1931 and
Surgeon-General's Memo. P. No. 91/E2/45, dated 27th April 1945.)

568. Procedure to be followed in case of appeals from Government servants invalided from service.—(1) The following procedure should be adopted for an appeal to a Medical Board in cases in which Government servants under the rule-making powers of the Government of Tamil Nadu are proposed to be invalided from Government service:—

(i) **Gazetted Officers and non-gazetted servants on pension exceeding Rs. 100 per mensem.**—Gazetted Officers and non-gazetted employees whose pension exceeds Rs. 100 per mensem may submit an appeal for re-examination by a medical Appeal Board subject to the conditions in clause (ii) below.

(ii) **Procedure for an appeal.**—The head of the department who receives a report of a Medical Board that an officer falling under clause (i) above should be retired on invalid pension should inform the officer concerned that it is proposed to submit a recommendation to the Government that he should be invalidated from service and that until the orders of Government are received hewill be granted leave. Except in cases where it is clear that the officer himself desires to retire on invalid pension, or where it is obvious from the nature of the disability of no useful purpose will be served by an appeal, the officer should also be informed that if he so desires he may submit to the Government through the proper channel within, one month, a request to be examined by a Medical Appeal Board supported by prima facie evidence that good ground exists for the appeal. The officer should not be informed of the reasons which led the Board to recommend that he should be invalidated. He should be informed that an appeal cannot be claimed as of right,but if an application for review is made, it wouldbe considered on merits by the Government. He should also be informed of the arrangements regarding the cost of the Appeal Board. The appeal should be supported by a medical certificate from a doctor not below the rank o. a Civil Surgeon including an Honorary Physician or an Honorary Surgeon attached to a Government Medical Institution in the State.

(iii) **Sanction for re-examination.**—If the Government, in consultation with the Director of Medical Education, decide that a prima facie good ground exists for an appeal, they will sanction a re-examination of the officer by a Medical Appeal Board.

(iv) **Constitution of a Medical Appeal Board.**—The Medical Appeal Board will consist of the Director of Medical Education as President and two members, who are specialists in the disease .or which the appellant was invalidated from service. The membes will be selected by the Director of Medical Education .rom among the senior Meeical Officers employed both in the Madras City and in the mu.assal. The Di ector of Medical Examination will normally preside on the Board, but if he is unable to do so on any occasion, he should nominate a suitable Medical Officer for the purpose.

(v) **Place of meeting of the Board.**—The Board will meet in the particular hospital in the Madras City where all facilities for examinaton of the case exist.

(vi) **Proceedings of the Board.**—The proceedings of the Board should be treated as confidential and should be forwarded to Government who will communicate their orders to the appellant through the head of the department concerned.

(vii) **Fees.**—A fee of Rs. 32 will be recovered in advance from gazetted officers and non-gazetted officers and the entire amount will be credited to the Government. It will be refunded to the applicant if the Government pass orders reinstating him in service.

(viii) **Travelling allowance of members of the Board.**—The travelling allowance of the medical officers summoned from the mufassal to serve on the Board will be borne by the Government.

(2) In the case of non-gazetted Government servants whose pension is Rs. 100 and below who are invalidated on the certificates of a District Medical Officer or a Civil Surgeon an appeal to a Medical Board should be allowed only at the request of the head of the department to which candidate belongs and subject to the approval of the Director of Medical Education, Madras. No fees will be charged in such cases. These cases will be dealt with by the ordinary standing Medical Board.

(G.O. No. 1331, Public (Services), dated 16th August 1936 and
No. 802, P.H., dated 26th March 1945 and
Surgeon-General's P. No. 69-E/2, dated 2nd April 1945.)

569. Medical Board Examination of candidates for appointment under the Central Government.—(1) The proceedings of a Medical Board constituted to examine a Government servant or a candidate for appointment to a post under the Central Government should be treated as confidential. Candidates recommended to be disqualified by Medical Boards should not be informed of the reasons which led the Boards to recommend disqualification. This procedure should be carefully observed.

(2) In cases however where a Medical Board considers that a minor disability disqualifying a candidate for Government service can be cured by treatment (Medical or Surgical) a statement to that effect should be recorded by the Medical Board. There is no objection to a candidate being informed of the Board's opinion to the effect by the department concerned and when a cure has been effected, it will be open to the department or authorities concerned to ask for another Medical Board.

(Surgeon-General's P. No. 12-E/2, dated 27th February 1948.)

570. **Procedure for examining doubtful cases.**—In cases which in the opinion of the Medical Board further observation under hospital conditions would tend to resolve doubts and conduce to a correct decision in a matter which is of great importance not only to Government as the prospective employer but also to candidates who, having devoted time and money to succeed in a competitive examination naturely feel entitled to acceptance for service unless they are clearly unfit the candidate concerned should be invited to enter the hospital in the City at his own expense for observation by Government Medical Authorities. A candidate who is unwilling to submit himself to observation when so advised can have no cause for complaint at his rejection by a medical board. The procedure outlined above though possibly specially suitable in doubtful cases arising from unfavourable blood pressure observations need not by any means be restricted to blood pressure cases.

(G.O. Ms. No. 1790, P.H., dated 11th June 1942.)

571. **Medical examination of glycosurial candidates by a Medical Board.**—The following procedure shall be followed by a Medical Board in the examination of candidates suffering from glycosuria:—

(i) Where a Medical Board finds sugar present in a candidate's urine by the usual chemical tests, the Board will proceed with the examination in all its or other aspects and will also specially note any signs or symptoms suggestive of diabetes. If, except for the glycosuria, the board finds the candidate conforms with the standard of medical fitness required. they may pass the candidate "fit subject to the glycosuria being non-diabetic" and the Board will refer the case to a specified Specialist in Medicine who has hospital and laboratory facilities at his disposal. The Medical Specialist will carry out whatever examinations. clinical and laboratory, he considers necessary including a standard blood sugar tolerance test, and will submit his opinion to the Medical Board, upon which the Medical Board will base its final opinion 'fit or unfit'. The candidate will not be required to appear in person before the Board on the second occasion. To exclude the effects of medication, it may be necessary to retain a candidate for several days in hospital.

(ii) The expenditure involved which will consist of the following, should be borne by the candidate concerned.

(*a*) Medical specialists' fee;

(*b*) Hospital accommodation fee, which will mean special ward accommodation in accordance with the category of the post being applied for.

(*c*) Laboratory fees for blood, sugar tests and any other tests called for by the medical Specialist.

NOTE.—The above procedure may be followed by Medical Board at their discretion whenever necessa irrespective of the purpose of the Medical Examination.

(G.Os. No. 493, P.H., dated 19th February 1948,
Government Endorsement No. 18515/48-2-G-2, P.H., dated 11th June 1948 and
Government Endorsement No. 42776-H/50-1, Health, dated 5th December 1950.)

572. **Points to be noted during the period of observation in a hospital.**—Whenever a candidate referred to a Medical Board for medical examination as to his physical fitness for appointment to a post under the Central Government or to a Central Service is kept under observation in a hospital at the instance of the Board for blood pressure, the physician by whom the candidate is observed in the hospital should give a categorical opinion about the condition of the candidate apart from mechanically recording his blood pressure. The hospitalisation report should indicate whether the rise in blood pressure is of a transient nature due to excitement, etc., or whether it is due to any organic disease. In all cases of doubts, X-ray and electro-cardiographic examination of heart and blood urea clearance test should also be done as a routine. The final decision as to the fitness or otherwise of a candidate will, however, rest with the Medical Board only.

(Letter No. 19-70/50, M. II, dated 16th 1950 August of the Director-General of Health Service New Delhi and Director of Medical Service's Memo. P. No. 21-M/50, dated 18th August 1950.)

573. Nomination of a Surgeon or a Physician from one of the City State Hospitals to serve on the Railway Medical Board.—The Director of Medical Education is authorised to nominate a Surgeon or a Physician from one of the City State Hospitals to serve on the Railway Medical Board convened by the Chief Medical Officer, Southern Railway, Madras, to examine the employees of the Railway and permit the medical officer so nominated to accept the remuneration therefor.

(G.O. No. 3107, Health, dated 6th September 1950 and
Director of Medical Services' P. No. 197-M, dated 12th September 1950.)

574. Lady Doctor to be co-opted as a member of the Railway Medical Board for examining lady candidates.—No physical standard has been laid down for women candidates for recruitment to the superior services on Railways. Whenever a lady candidate selected for appointment to superior service on the Railways is to be examined by a Medical Board, a lady doctor should be co-opted as a member of the Board.

(Surgeon-Gecneral's P. No. 131-E2, dated 18th August 1949 and
Government of India, Railway Boards letter No. E/48M E/1/153, dated
dated 2nd September 1949).

575. Appeal to a Medical Board.—Subject to the provisions of paragraphs 490 (b) and 568 above, an appeal to a Medical Board against a Medical Officer's certificate should be allowed only at the request of the Head of the Department, and subject to the approval of the Director of Health Services and Family Planning/Director of Medical Education.

NOTE.—(i) Employees of the Corporation of Madras be allowed an appeal to the Medical Board against a Medical Officer' s certificate at the request of the Commissioner, Corporation of Madras and subject to the approval of the Director of Medical Education.

(G.O. No. 1281, Public, dated 5th December 1896 and
Surgeon-General's P. No. 217-E, dated 3rd February 1930.)

NOTE.—(ii) The privilege of right of appeal to a Medical Board against a single Medical Officer's certificate shall be allowed also to private employee at the instance of their employers subject to the approval of the Director of Medical Education, A fee of Rs. 36 (Rupees Thirty Six only) shall be levied for an examination of the private employee by the Board and that 25 per cent of the fee should be credited to Government and the balance divided equally among the members of the Board.

(G.O. No. 2103, Health, dated 1st June 1953.)

576. Appeal to a Second Medical Board.—There should be no right of appeal from a Medical Board as it is not always possible to improve on the original Board, and as it would be difficult to declare, even if a second Board is constituted, that the second Board is better than the first and should therefore carry more weight. But, if the Government are satisfied on the evidence produced to them of the possibility of an error of judgement in the decision of the first Board, it would be open to Government to allow an appeal to a second Board.

577. Omitted.

Section 6.

CERTIFICATES OF EXPECTATION OF LIFE.

578. General.—(1) No commutation shall be sanctioned to a Government servant under the rule-making control of the Government of Tamil Nadu or to any person to whom the Tamil Nadu Civil Pension (Commutation) Rules, 1934, would have applied, had those rules not been cancelled by Finance Department Notification No. 7, dated 10th January 1939, published at page 64 of Part I of the Fort St.George Gazette, dated the 17th January 1939, unless the Medical authority prescribed in this behalf by the sanctioning authority, certifies that the pensioner's bodily health and the prospects of duration of life are such as to justify commutation.

(2) The certifying medical authority shall subject the pensioner to a strict medical examination requiring him to furnish such information at to his health and habits as is usually required of persons proposing to assure their lives in assurance companies and report in such form as may be prescribed by the State Government.

(3) If the pensioner furnishes any information found to be false within his knowledge or wilfully suppresses any material fact in answer to any question, written or oral put to him in connection with his medical examinations, the sanctioning authority may cancel the sanction any time before payment is actually made; and such a statement or suppression may be treate as grave misconduct for the purpose of Arcticle 351 of the Civil Service Regulations.

579. Regulations governing the procedure for commutation of pension.—(a) The application for commutation should be made in the form app nded to the Tamil Nadu Civil Pension Commutation Rules, 1944 as Annexure I through the Pension Disbursing Authorities who shall forward them to the authority who sanctioned the pension through the Accountant-General, Madras. Applicants who are residing in other States in India should submit their applications through the Pension Disbursing Authorities who shall forward them to the Government through the authority who sanctioned the pension and the Accountant-General, Madras. The applications of pensioner whose pensions have been sanctioned by the Government shall however be submitted by the Pension Disbursing Authorities to the Accountant-General, Madras, who shall forward them to the Government. Applications for commutation of pensions should be forwarded to the sanctioning authority only after the pension or anticipatory pension, as the case may be, is sanctioned by the competent authority. In the case, however, of officers to whom the Civil Pension (Commutation) Rules issued by the President apply, applications, if any for commutation of pension received by the Accountant-General should be forwarded to Government along with the application for pension.

NOTES.—1. Two copies of photograph of the pensioner shall be submitted along with the application for commutation of pension. Out of these one copy duly attested shall be pasted on the application form itself (Annexure I) and the other copy loosely attached to it.

2. In the case of application for commutation of pension from pensioner drawing an invalid pension the number and date of the Government order sanctioning the pension should be indicated in cases where such pension was sanctioned by the Government.

(*b*) Applicants for commutation of pension will not be allowed to select their own Medical Officers.

They will be ordered to appear for medical examination before the District Medical Officer of the district in which they draw their pensions or any other medical officer selected by the pension sanctioning authority.

The applicants shall be sent for medical examination before the Standing Medical Board in all cases of commutation.

(i) of invalid pensions irrespective of the amount; and

(ii) in cases where the amount to be commuted inclusive of the amounts already commuted exceeds Rs. 40.

(*c*) In the case of an applicant who has been granted an invalid pension, the grounds of invaliding or the statement of the medical case shall be communicated to the certifiying medical authority before the certificate is signed. A copy of the previous medical report or reports, if any relating to an applicant for commutation of pension shall always be communicated to the certifying medical authority when a medical report is called for from him on a subsequent applicacation for commutation.

(2) The report of medical examination whether by single medical officer or by the Standing Medical Board should be sent in the form prescribed in Annexure II under Part II of Tamil Nadu Pension Code. When the medical examination is made by a single medical officer, the report in duplicate with the connected records should be sent confidentially to the Secretary to the Standing Medical Board, General Hospital, Madras. The Secretary of the Board should forward to pension sanctioning authority through the Accountant-General, the connected records and one copy of the medical report with the opinion of the Standing Medical Board recorded thereon.

NOTES.—1. The Medical report of an applicant for commutation residing outside the state shall salso ordinarily be in the form prescribed in Annexure II under Part IX of Tamil Nadu Pension Code.

2. The Copy of the unattested photograph received with the application shall be sent with the application to The Medical Officer Standing Medical Board shall attest the unattested copy of the photograph of the pensioner immediately after the Medical Examination is over and it shall be returned to the pension sanctioning authority with the connected records in the manner prescribed in the last sub-paragraph of the above rule.

(G.O. Ms. No. 854, Finance, dated 3rd July 1961.)

(3) No fee shall be charged for medical examination for commutation of pension. If however the pensioner is examined by a medical Authority outside the State, he shall pay to that authority such fees as may be required of him.

(G.O. Ms. No. 1424, Finance, dated 13th November 1973.)

NOTE.—If in the opinion of the Medical Authority prescribed in Regulation 2 governing the procedure for commutation of pension laid down in Tamil Nadu Pension Code some special examination is necessary which it is in a postion to carry out itself it may require the applicant to undergo such examination at his own expenses. No refund of such expenditure will be given by Government irrespective of the result of the examination.

(G.O. Ms. No. 556, Finance (Pension), dated 3rd April 1956.)

(4) A pensioner whose application for commutation of pension is rejected either on th recommendation of a medical authority that he is not a fit subject for commutation of pension or for the reason that he has declined to accept commutation on the basis of addition to the actual age, as recommended by the medical authority will be allowed one re-examination by the Medical Board at his cost provided that an intervel of not less than one year has elapsed between the first medical examination and that of the second. The Medical Board re-examining the pensioner will be furnished with a copy of the report of the medical authority which previously examined him.

(G.O. No. 348, Finance (Pension), dated 1st June 1934.)

(5) The Accountant-General, Madras, will forward to the Secretary, Standing Medical Board, Government General Hospital, Madras the death reports of pensioners who have commuted their pensions.

(G.O. No. 426, Finance (Pension), dated 23rd July 1934.)

580. Extension of time to the applicants for medical examination by a single medical officer or by Standing Medical Board.—The Secretary, Statnding Medical Board, usually fixes the dates on which applicatns for commutation who are asked to appear before the Board should appear, while the Government fix the time-limit in the case of those appearing before single medical officer with a view to avoid delay and unnecessary reference to Government in cases where applicants write for extension of time to the medical Board or the medical officers, as the case may be, the Secretary, Standing Medical Board or the medical officers concerned are authorised to grant an extension of time not exceeding one month to such applicants.

(Government Memorandum No. 7715-Pension—I, dated 13th February 1945.)

581. Constitution of the Standing Medical Board.—A Standing Medical Board is constituted at the Government General Hospital, Madras for the medical examination of applicants for commutation of pension. The Board consists of—

I. The professors of Medicine of the Madras Medical College and the Stanley Medical College, Madras, who are also the Physicians attached to the Government General Hospital and the Government Stanley Hospital, Madras.

II. The senior among the Professors of Surgery either in the Madras Medical College or the Stanley Medical College, Madras, who is also the Surgeon of the attached hospital.

NOTES.—(1) The Senior most Medical Officer will be the President of the Standing Medical Board.

(2) If for any reason any of the above mentioned medical officers are not available on any particular day the next senior Medical Officer will be deputed.

(G.O. 501, Finance, dated 4th May 1950.)

(3) Whenever WomenGovernment Pensioners are to be examined by the Standing Medical Board in connection with their applications for commutation of pension the Superintendent, Kasturba Gandhi Hospital for Women and Children, Madras, shall be appointed as a member of the Board in the place of the Junior most member.

(G.O. Ms. No. 2415, Health, dated 9th July 1951.)

582. Instructions to the Standing Medical Board.—(1) The following instructions have been issued by Government for the information and guidance of the members of the Standing Medical Board consitited for the examination of State Government Pensioners applying for commutation of Pension:—

INSTRUCTIONS.

In doubtful cases, the State Government Pensioners should be admitted into the Government General Hospital, Madras, under a Physician who is a member of the Standing Medical Board (Professor of Medicine, Madras Medical College) and observed for about a week. All the laboratory tests, blood pressure, urine tests, etc., should be conducted during that period and the Physician who is observing those cases should be asked to prepare an observation report in duplicate giving full particulars and results of the above tests. The Presidient, Standing Medical Board, Government General Hospital, Madras on receipt of the observation report should examine the candidate again with reference to the observation report and complete the medical examination report in consultation with the other members of the Standing Medical Board. The Board should specifically state in the medical report that it examined the pensioner with reference to the observation report and finalised the medical report. In all such cases, State Government Pensioner, who is advised for admission into the hospital for observation should be made to understand that the hospital charges, laboratory test charges, etc., on account of the observation in the hospital should be borne by the pensioners out of their own pockets. Any pensioner who is so advised and who is unwilling to submit himself for observation, can

have no cause for complaint at his rejection by the Standing Medical Board. In such cases, the President, Standing Medical Board should obtain a written statement of the pensioner stating that the pensioner is not willing to be admitted into the hospital for observation and that the pensioner is aware of the fact that his case for commutation for pension will be rejected by the Standing Medical Board on account of his refusal to subject himself for observation.

2. The procedure outlined above though possible and specially suitable in doubtfull cases arising from unfavourable circumstances such as rise in blood pressure, sugar in urine, etc. need not by any means be restricted to blood pressure cases, cases with sugar in urine, etc.

(G.O. No. 163, Health, dated 17th January 1952.)

583. **Procedure for filling in medical report forms.**—Part 'A' of the medical report for commutation of pensions should be filled in by the applicant and signed by him in the presence of the Medical Officer or the Seceretary of the Standing Medical Board, while Part 'B' of the form should be filled in by the Medical Officer or the Standing Medical Board actually examining the pensioner subject however to the following exceptions:—

(*a*) In the case of an applicant who is unable on account of a physical disability to fill in the Medical Report Form, the Medical Officer concerned should fill it up on the information furnished by the applicant and append a certificate to the effect that the entries were recorded on the information furnished by the applicant and admitted by him to be correct. The applicant's thumb-impression may also be taken. The Medical Officer will no doubt, take into account the nature of the disability before giving his opinion about the fitness of the individual for commutation.

(*b*) In the case of an applicant who does not know English each item of detail in the Medical Report Form may be explained to the individual by the Medical Officer and the reply may be recorded in English and the same certificate as in item (*a*) above should be given.

(G.O. No. 558, Finance, dated 11th May 1945.)

584. **Power to sanction refund of medical examination fee.**—The Director of Health Services and Family Planning or Director of Medical Education as the case may be is empowered to sanction refunds of fees paid in connection with medical examination for commutation of pensions in the following circumstances:—

(i) When no medical examination actually takes place owing to the withdrawal of the application for commutation of pension or for other reasons which the Director of Health Services and Family Planning/Director of Medical Education considers sufficient.	The entire fee paid may be refun ded.
(ii) When the fee paid in is excess of the prescribed amount.	The excess fee may be refunded.

(G.O. No. 303, P.H., dated 22nd January 1941.)

585. **Deleted.**

586. **Reciprocal arrangements for the medical examination of pensioners of the Government of Tamil Nadu residing and drawing pension in other States and vice versa.**—(1) Applications for commutation of pensioners drawn from the treasuries of the State of Tamil Nadu are not referred to the Director of Health Servies and Family Planning, Madras/Director of Medical Education at any stage. The Government of Tamil Nadu address direct the Secretary of the concerned Standing Medical Boards, Government General Hospital, Madras to arrange for the medical examination in cases where the report of the Medical Board is necessary or the District Medical Officer concerned in cases where the report of an officer of the status is sufficient. The applicant for commutation of pension is required to pay a fee of Rs. 16 whether the medical examination is conducted by the Standing Medical Board or by a single medical officer. In the case of medical examination by the Standing Medical Board, the aplicant is directed to pay Rs. 4 out of the total fee of Rs. 16 into a Government Treasury or into the Reserve Bank of India, Madras, or one of the branches of the State Bank of India to the credit of the Government of Tamil Nadu under the relevant head and make over the receipt together with the remaining fee of Rs. 12 in cash to the Standing Medical Board at the time of the examination. If the pensioner is to be examined by a District Medical Officer he is required to pay to the District Medical Officer the fee of Rs. 16. The Government of Tamil Nadu have agreed to a reciprocal arrangement under which a State Government might address direct the Chief Medical authority of another Stat in case the medical examination is to be conducted by a Medical Board or the Civil Surgeonef a District in

cases where his certificate is sufficient, subject however to the change that the Secretary of the concerned, Standing Medical Board, should be addressed where an examination of the Regional Medical Board, Madras, is required. The Governments of Bihar, Orissa, Madhya Pradesh, the Punjab, Maharashtra, Assam and Uttar Pradesh have accepted the abve reciprocal arrangements, subject to the following modifications:—

Name of the Government	Condition subject to which the reciprocal arrangement has been agreed. to
(1)	(2)
Punjab	All communications should be addressed to the Inspector-General of Civil Hospitals whether medical examination to be conducted by a Medical Board or Civil Surgeon.
Madhya Pradesh	A certificate from the Board is necessary in the case of all applicpnts for commutation.
Maharashtra	Cases should be referred to the Surgeon-General with the Government of Maharashtra stating whether the examination is to be conducted by a Board or by the District Medical Officer. The Surgeon-General will then instruct the Board or the officer to conduct the examination. The applicant for communication should invariably be instructed to pay the requisite fee for the medical examination.
Uttar Pradesh	The applicant should be instructed to pay the requisite fee in the manner prescribed.
Kerala	Medical requisition from the competent authority should be insisted on before the Medical Examination is conducted. The applicant should be instructed to pay the requisite fee in the manner prescribed.
Karnataka	Do.
Andhra Pradesh	Do.

(G.O. Ms. No.2253, Health, dated 18th September 1963.)

(2) A State Government might, thus address direct the Chief Medical Authority of another State in case the medical examination is to be conducted by a Medical Board or the Civil Surgeon of a District in cases where his certificate is sufficient. The Secretaries, Standing Medical Boards, the Director Surgeons in the City of Madras and the District Medical Officers in the mufassal should comply direct with the requisitions from the Governments noted above for the medical examination of their pensioners who reside in this State and seek to commute a portion of their pension.

(Government Endorsement No. 77-1-D- P.H., dated 6th June 1938.
P. No. 2/Bud./38, dated 17th January 1938,
Government (Finance (Department) Memorandum No. 32210, Pension-7
dated 17th June 1938, Surgeon-General's P. No. 66/Bud., dated 25th June 1938.)

Section 7.

CERTIFICATE OF COMMUTATION OF POLITICAL PENSIONS.

587. **Medical examination of political pensioners for commutation of life pensions and life interests.**—(1) Except in cases of compulsory commutation, all political pensioners, whether male or female, who apply for commutation of a life pension or life interest in any other political pensions should be required to undergo the same medical examinations as is laid down in the regulations issued by the Government of India governing the procedure for commutation of service pension. That is, a certificate from a medical board, should be insisted in cases where the amount to be commuted, together with any amount or amounts previously commuted exceeds Rs. 25 and in other cases a certificate from the civil surgeon, District Medical Officer or District Surgeon of the area in the Madras City in which the applicant is ordinarily resident. Female pensioner may be examined by women doctors holding registrable British qualifications or by women medical graduates of Indian Universities.

(2) The procedure for the submission and disposal of applications for commutation are detailed in the Civil Pensions (Commutation) Rules. In all cases Form A, Part I (with the exception of question 7 and Form 'C', Parts I (Second form of questionnaire), II and III appen appended to the regulations referred to above should be filled in.

[G.O. No. 81, Public (Political), dated 11th April 1935.]

Section 8.

REGULATIONS FOR THE MEDICAL EXAMINATION OF CANDIDATES FOR APPOINTMENT TO VARIOUS SERVICES.

588. (*a*) **Physical standards.**—The following regulations have been framed by the State Government for the guidance of medical officers in the matter of medical examination of candidates for appointment to the various services and posts under the administrative control of the Government. Certificates of physical fitness to be granted by medical officers should be in the appropriate form prescribed for the purpose. Medical certifictes need be produced in connexion with appointments by transfer only if the statutory service rules prescribe medical examination for recruitment by transfer also.

ANNEXURE I.

Physical standards.

(1) Regulations for the Medical Examination of Candidates for Appointment to Executive posts in the Tamil Nadu State Subordinate Services.

(These regulations are intended merely for the guidance of Medical Examiners and are not meant to restrict their discretion in any way.)

1. To be passed as fit for appointment to an executive post, a candidate must be in good mental and bodily health, he must not only be free from any physical defect which would be a disqualification for that post but his physical condition must be such as would enable him to perform efficiently the active duties of executive service.

2. The candidate's chest will be measured as follows:—

He will be made to stand erect with his feet together and to raise his arms over his head. The tape will be so adjusted round the chest that its upper edge touches the inferior angles of the shoulder, blades behind and its lower edge the upper part of the nipples in front. The arms will then be lowered to hand loosely by the side, and care be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted.

The minimum and maximum will then be recorded in centimetres, e.g., 84-89, 85-90, etc.

In recording the measurements, fractions of less than 1/2 centimetre should not be note.

The chest expansion should not be less than five centimetres.

3. The candidate's height will be measured as follows:—

He will remove his shoes and be placed against the standard with his feet together and the weight thrown on the heels and not on the toes or outer side of the feet. He will stand erect without rigidly and with the heel calves, buttocks and shoulders touching the standard; the chin will be depressed to bring the vertex of the head, level under the horizontal bar and the height will be recorded in centrimetres and parts of a centimetres to quarter. A minimum height of 165 cms. is required for the Police Service.

4. The cnndidate will also be weighed and his weight recorded in kgs.

The following proportion between height and weight should be taken as a guide in the examination of the candidate:—

$$\frac{\text{Height centimetres} \times \text{chest measurement on full inspiration in centimetres}}{240} = \text{Weight in kg.}$$

margin of about 10 per cent above or below might be allowed.

5. The examination for determining the acuteness of vision includes two tests; one for distant the other for near vision. Snellen's test types will be used for the distant, without glasses at a distance of 6 metres and for the test for near vision without glasses, at any distance selected by the candidates. The standards of the minimum acuteness of vision which will be used for guidance in the examination of a candidate are detailed below:—

Standard I.

Right eye.	Left eye.
Distant vision—V—6/6	V—6/6
Near vision—Reads 0.6	Reads 0.6

Standard II.

Better eye.	Worse eye.
Distant vision—V—6/6	V. without glasses—not below 6/60 and after correction with glasses—not below 6/24.
Near vision—Reads 0.6	Reads I.

Standard III.

Better eye.	Worse eye.
Distant vision—V. without glasses— not below 6/60; and after correction with glasses not below 6/6.	V. without glasses—not below 6/60 and after correction with glasses—not below 6/12.
Near vision—Reads 0.8	Reads 1.

Squint or any morbid condition of the eyes or of the lids (trachoma-like) of either eye will disqualify.

Each eye must have a full field of vision.

Inability to distinguish the principal colours will not be regardded as a cause of rejection but the fact may be noted in the certificate. If the nature of duty of the department in which the candidate seeks employment requires normal colour vision, the candidate will be rejected for employment in that particular department.

NOTE.—Colour blindness is a disqualification for appointment by direct recruitment to those classes of Tamil Nadu Police Subordinate Service to which such recruitment is permissible under the Statutory Rules and also for appointment by transfer to the class of sub-Inspectors of Police *vide* G.O. Ms. No. 1013 Public (Services), dated, 6th June 1956.

The visual acuity of each candidate in each eye—

(i) without glasses,

(ii) with candidate's own glasses,

will be entered in the certificate.

Refractive error allowed will be subject to a limit of 7 D myopia or 6 D hypermetropia in either eye. Fundus examination is necessary in cases of high refractive errors.

If the certifying surgeon has any doubt the visual acuity or of any disease in the eyes of candidate the case should be referred to an ophthalmic specialist.

Explanation I.—For recognition of Medical Officers as eye specialists for the purpose of granting special eye certificates to candidates applying to the Tamil Nadu Public Service Commission—

(1) The Medical Officer must possess in addition to his medical qualification a special diploma in Ophthalmology, or

(2) Must have undergone one year a post-graduate training in a recognized Ophthalmic Hospital, department or clinic attached to the Government Medical Institutions or have been on the staff of such a hospital, department or clinic for at least two years provided they practice Ophthal-

mology as a speciality. The concession of granting certificates will be restricted to Government Medical Officers of all grades. Honorary Surgeons and Physicians and Honorary Assistant Medical Officers appointed to Government Medical Institutions.

NOTES.—(1) Special rules apply to the Tamil Nadu Public Services.—G.O. No. 732, *vide* Public (Services), dated 16th July 1934 and to the Tamil Nadu Port Services and the Tamil Nadu Port Subordinate Service.

(2) Visual acuity of the various posts enumerated in the annexure to those regulations will have to be within the standard of vision noted against them.

(3) No candidate will be accepted for appointment of his vision does not come up to the reauirements specified above without the use of contact glasses.

(A contact glass or lens is defined as a glass shell, the concavity of which is in contact with the globe of the eye, a layer of liquid being interposed between the lens and cornea . The meaning of the words ' glasses ' wherever used above is to be interpreted as not covering contact glasses.)

(4) The instructions in this regulation are subject to the provision in regulation 6.

6. Candidates with no vision or defective vision in one eye, for appointment to Government service, should be judged on the merits of each case and a decision taken by a comptent Medical Board after carefully considering the following points :—

(*a*) The functioning or useful eye should be normal in every respect and should possess.

Distant Vision-6.6.
Near Vision 0.5 sn — without glasses.

The field and adnex should also be normal.

(*b*) A candidate with adequate vision in one eye alone may be passed as fit only if the duties to be discharged by him are such as could be performed satisfactorily with the assistance of his functioning eye without entaining any risk to the individual concerned or to the public.

(*e*) The condition which led to the loss of vision in one eye and the possibility of the other eye being affected later should be taken into account.

[G.O. Ms. No. 4493, Public (Services), dated 11th December 1950.]

7. The urine (passed in the presence of the examiner) should be examined and the result recorded.

8. As moles very often disappear it is preferable that the personnel marks should be not moles, but some scare or other indelible mark.

9. The following additional points should be observed :—

(*a*) that the candidate's hearing in each ear is good and that there is no sign diseases of the ear ;

(*b*) that his speech is without impediment; and

(*c*) that he does not suffer from any inveterate skin disease ;

NOTE.—Non-infective leprosy can only be considered an inveterate skin disease on two scores—

(1) If there is deformity which cannot be remedied and is likely to increase.

(2) If the type of neural leprosy is such that the patient may a lepromatous case in later years

Candidates with non-infective leprosy can be regarded as fit, they are examinationed by a recognized Government Leprologist of not less than five year's standing and produce, a certificate from him in the following form :—

I. Dr...do hereby certifyy that I have examine...a candidate for employment as a..in the Tamil Nadu Service and found that he/she is suffiering from neural leprosy which is no infective and is of no danger to the public. He/she would undergo treatment in a recognized leprosy treatment centre and should subject himslef/herself for periodical medical examination once in three/six months by a competent authority and produce a certificate of non-infectivevity.

He/she has deformity *Land I am of opinion that this deformity is** likely/not likely interfere with the proper discharge of his/her duties.

Signature :

Designation :

*Nature of deformity should be specified. This should be scored out, if there is no deformity and initialled.

**Strike out whichever is not applicable.

[G.O. Ms. No. 308, Public (Services), dated 4th January 1955.[

(*d*) that he is not repuured ;

(*e*) that he does not suffer from hydrocele, a severe degree of varicocele, varicose veins or piles.

(*f*) that his limbs, hands and feet are are well formed and developed and that there is free and perfect motion of all his joints ;

(*g*) that there is no congenital malformation or defect ; and

(*h*) that he does not bear traces of acute or chronic disease pointing to an impaired constitution.

NOTE.— Ex-tuberculosis patients, can be regarded as fit for entry into Government service, if, after treatment, they are certified by a recognised tuberculosis specialist as non-infective and fit for duty and are certified to be otherwise physically fit by an appropriate medical authority for the post for which they are candidates.

A tuberculosis specialist for the purposes of this note shall be—

(1) A Civil Surgeon or an Honorary Surgeon who is in-charge of a Government Tuberculosis Clinic, Sanatorium or Institution with facilities for X-Ray and laboratory examination; or

(2) A Medical Officer who has worked in an institution specified in item (1) above in the capacity of an Assistant Surgeon or an Honorary Assistant Surgeon for a period of five years ; or

(3) A Professor or Assistant Professor of Medicine in one of the Government Medical Colleges in this State, who has had special training in Tuberculosis and has served in the said posts for a period of five years after his training in tuberculosis.

[G.O. Ms. No. 934, Public (Services), dated 19th March 1955.]

LIST OF EXECUTIVE POSTS FOR WHICH THE ABOVE MENTIONED REGULATIONS ARE APPLICABLE.

STATE SERVICES.

Agricultural Department—

All gazetted posts (other than Engineering) in the Tamil Nadu Agricultural Service.	Standard III colour blindness to be a disqualification.
All gazetted posts in the Engineering Branch in the Tamil Nadu Agricultural Service.	Standard II colour blindess to be a disqualification.

Boiler Inspection Department—

Chief Inspector of Stream Boilers and Inspectors of Boilers	Standard II or better.

Approved Schools and Vigilance Service—

Chief Inspector or Approved Schools and Vigilance Services Superintendents of Approved Schools Superintendent, Vigilance Home and Shri Sadana, Madras, Superintendent, Garments and Holdall Making Unit attached to the Government After care Home for Women Vellore. Superintendent, Government Special School for the Children of the Burma repatriates, Thirunagar, Madurai.	Standard I.

Commercial Taxes Department—	
Joint Commercial Tax Officers	Standard III.
Co-operative Department—	
Deputy Registrars	Standard III.
Deputy Chief Audit Officer	
Cinchona Department—	
Director	Standard I.
Manufacturing Chemist	
Superintendents of the Cinchona Plantations, the Ana malais and Naduvattam.	
Botanist and Chemist, Indian Council or Agricultural Research.	
Director of Employment and Training—	
District Employment Officers	Standard III or better.
Principal	
Engineering Supervisors	
Foreman Instructors	
Hostels Superintendent-*cum*-Physical Training Instruc tors.	
Education Department—	
Mens Branch—	
Personal Assistant to the Director of Public Instruction.	Standard III or better.
District Educational Officers	
Inspector (Inspectress as the case may be) of European Schools.	
Superintendent of Sanskrit Schools	
Principals and Senior Lecturers and Principal and Lecturers in Arts and Teachers' Training College.	
Vice-Principal, Teacher's Colleges	
Professors..	
Lecturers	
Vice-Principal, Law College	
Professor, Law College	
Manual Training Expert	
Women's Branch—	Standard III or better.
Inspectress of Girls' School	
Superintendents	
Headmistress	
Principal and Senior Lecture s, Arts and Teachers Training Colleges.	
Lectures	
Kindergarten Lecturers	
Lecturers in Domestic Science	
Women Specialist in Physical Education	
Electricity Department—	
Superintending Engineers	Standard III or better, Colour blindness to be a disqualification.
Executive Engineers or Divisional Electrical Engineers	
Assistant Engineers	
Assistant Engineers (Civil)	
Assistant Engineers (Mechanical)	
Assistant Engineer for special erection, construction or maintenance work.	

Factory Department—	
Inspector of Factories (Grade I)	Standard II or better, Colour blinddness and night blindness to be a disqualification.
Inspectors of Factories (Grade II)	
Inspector of Plantations	Standard II or better.
Inspectress of Factories	
Forest Department—	
Assistant Conservators of Forests	Standard I
Highways Department—	
Assistant Engineer	Stan la d II or better. Colour blindness to be a disqualification.
District Board Engineers	
Personal Assistants to Superintending Engineers	
Hindu Religious and Charitable Endowments (Administration) Department—	
Assistant Commissioner	Standard I.
Industries and Commerce Department—	
All posts in the Tamil Nadu Industries and Fisheries Services except Director of Industries and Commerce and Additional Director of Industries and Commerce.	Standard III or better.
Deputy Director of Industries and Commerce (Cost Accounting).	Standard III. Colour blindness and night blindness to be a disqualification.
Jail Department—	
Superintendents of jails including Superintendent of Borstal School and Additional Superintendents of Jails.	Standard I.
Jailors in Jails other than Sub-jails an the District Jail, Pudukkottai, including Deputy Superintendent, Borstal School.	
Labour Department—	
Labour Officers, Grade II	Standard II or better Colour blindness or night blindness to be a disqualification.
Local Administration Department—	
Municipal Commissioners, Grade II	Standard III.
Tamil Nadu State Transport Department—	
Deputy Director	Standard III.
Mechanical Engineer	
Works Manager—	
(*a*) Workshop Engineer	Standard II.
(*b*) Assistant Engineer (Civil)	
(*c*) Assistant Engineer (Mechanical)	
(*d*) Stores Officers-*cum*-Personal Assistant to Mechanical Engineer.	

Accounts Officer	Standard III.
Deputy Accounts Officer	
Labour Welfare Officer	

[G.O. Ms. No. 2898, Public (Services-A), dated 16th November 1969.]

Motor Vehicles Maintenance Organisation—

State Road Transport Officer	Standard III.
Automobile Engineer	Standard II.
Administrative Assistant-*cum*-Accounts Officer	Standard III.

Police Department—

Police Radio Officer	Any one of three standards—Colour blindness to be a disqualification.
Technical Assistant to the Police Radio Officer ..	

[G.O. Ms. No. 2071, Public (Services-A), dated 29th July 1968.]

Port Department—

Port Officers	Standard I.
Inspecting Dredging Engineer	

Public Health Department—

Health Officers	
Assistant Directress of Public Health (Maternity and Child Welfare).	Standard III.
Women Medical Officers, Warden of the Health Visitor's Training School.	
Entomological Assistant, Office of the Additional Director of Health Services and Family Planning	Standard III, Colour blindness to be a disqualification.
Technical Officer, Health Education Bureau	Standard III. Colour blindness or night blindness to be a disqualification.
Social Psychologist, Health Education Bureau	Standard III.

Sanitary Engineering Establishment—

Sanitary Engineer	Standard I.
Executive Engineer (Public Health)	
Assistant Engineers (Public Health) and Personal Assistant to the Sanitary Engineer.	
Mechanical Expert	

Town-Planning Department—

Joint Director of Town Planning	Standard II or better.
Town Planner	
Junior Town Planning Expert	
Junior Town Planners	

Public Works Department—

Government Architect	Standard II or better. Colour blindness to be a disqualification.
Assistant Government Architect	
Assistant Engineers	
General Superintendents. Public Works Workshops and Stores.	
Junior Superintendents	

Revenue Department—

Deputy Collectors	Standard III or better.

Survey Department—

Assistant Directors of Survey	Standard III.
Photographer and Printing Expert, Central Survey Office.	

Veterinary Department—

Livestock Development Officer	Standard I.
Lecturers, Madras Veterinary College	
District Veterinary Officers including Superintendent, Serum Institute, Veterinary.	
Investigation Officer and Veterinary Research Officer	
Superintendent, Livestock Research Station, Hosur	

SUBORDINATE SERVICES.

Agriculture Department—

Fieldmen	Standard III.
Sanitary Inspector	
Agricultural Engineering Supervisor	
Upper Subordinate	Standard III. Colour blindness to be a disqualification.

Animal Husbandry Department—

Veterinary Assistant Surgeons	Standard III or better.
Assistant Lecturers in Chemistry and Biology, Madras Veterinary College.	
Research School (Helminthasis Scheme)	
Assistant Disease Investigation Officer (Poultry disease).	
Dairy Assistants and Supervisors (Key Village Scheme)..	Standard III or better, Colour blindness to be a disqualification.

Approved Schools and Vigilance Service—

Assistant Superintendents	Standard I.
House Masters	
Chief Guards	
Gatesmen	
Guards	
Matrons	
Supervisors and Junior Supervisors of After Care Home.	
Superintendent, Government Protective Home, Tiruchirappalli.	
Superintendent, Government Reception Home, Madras	
Superintendent, Government Remand Home, Tirunelveli.	

Commercial Taxes Department—

Assistant Commercial Tax Officers	Standard III.

Co-operative Department —

Co-operative Sub-Registrars	Standard III.
Junior Inspectors	

Dairy Expert —

Milk Tester	Standard III or better, Colour blindness to be a disqualification.
Senior Inspector of Co-operative Societies	Standard III.
Technical Assistant in the Office of the Registrar of Co-operative Societies.	Standard III, Colour blindness to be a disqualification.

[G.O. Ms. No. 213, Public (Service-B), dated 30th January 1959.]

Electricity Department—

Junior Engineers .. .. Supervisors (Civil Electrical and Mechanical) .. Chief Store-keepers .. .. Transport Overseers .. .. Stock Verifier	Standard III or better. Colour blindness to be a disqualification.

Factories Department—

Assistant Inspector of Factories	Standard III or better. Colour blindness to be a disqualification.

Fisheries Department—

Marine Engineering Assistant .. .. Laboratory Assistant .. .. Statistical Assistant .. .. Propaganda Assistant .. .. Assistant Inspector .. .. Chank Fishery Supervisor .. .. Superintendent, Ennore .. .. Fisheries Engineering Supervisor .. .. .. Hydrographical Assistant .. .. Curator .. .. Librarian .. .. Inspectors and Research Assistants .. .. .. Sub-Inspectors .. .. Marine Foreman (Marine Engineering Unit) .. .. Foreman (Van-Section)	Standard III or better.

Forest Department—

Rangers .. .. Foresters .. .. Forest Guards .. .. Forest Apprentices .. .. Chemist and Assistant Chemist in the Lac Factory	Standard I.

Tamil Nadu State Transport Subordinate Service—

Checking Inspectors and Time-keepers .. .. Time-keepers, Workshop .. .. .. Muster Roll Clerk	Standard III.
Watch and Ward Inspector	Standard I.

General Subordinate Service—

Shroffs .. .. Attenders .. .. Stores Attenders	Standard III.

Operation Subordinate Service—

Drivers	
Conductors	
Painter, Grade II	
Foreman, Grade II	
Mechanic Grade II	
Fitter, Grade II	
Branch Fitter, Grade II	
Blacksmith, Grade II	
Moulder	
Turner, Grade II	
Re-borer	
Tinker, Grade II	
Welder, Grade II	
Carpenter, Grade II	Standard III.
Liner, Grade II	
Tyreman, Grade II	
Machinist, Grade II	
Driver, Workshop	
Hammerman	
Fitter Mazdoor	
Helper	
Scrubber	
Lubricating Assistant	
Cleaner	
Electrician, Grade II	
Batteryman	
Electroplater	
Boiler Attenders, Grades I and II	
Tyre Retreader, Grade II	
Winder	

NOTE.—For the post of—

(1) Drivers,

(2) Conductors ;

(3) Painters, Grade II and

(4) Electrician, Grade II—

Colour vision should be normal.

Colour blindness and night blindness will be a disqualification

[G.O. Ms. No. 2398, Public (Services-B), dated 16th November 1959.]

Motor Vehicles Maintenance Organisation—

Officer in-charge	Standard III.

Highways Department—

Supervisors including Junior Engineers	Standard III or better. Colour blindness to be a disqualification.

Hindu Religious and Charitable Endowments (Administration) Department—

Executive Officers, Grade I to IV	Standard III.

Industries and Commerce Department.

Industries Branch—

Junior Analytical Chemists Ceramic Assistant Master Table Blower Graduating Assistant Inspector of Sericulture Senior Inspector (Coir) Inspectors of Industries Engineering Supervisors Supervisors for Industrial Co-operatives Production Assistant (Engineering) Foreman (Engineering), Grade I Foreman, Inspection Production Assistant (Quartz Crushing) Production Assistant (Tanning and Finishing) Foreman I (Tanning and Finishing) Production Assistant (Carpentry) Production Assistant (Foot wear) Production Assistant (Glass) Foreman (Glass), Grade I Production Assistant (Ceramics) Librarian, Technical Information section, Guindy Demonstrators in the Chemical Testing and Analytical Laboratory. Industrial Co-operative Officer Engineering Supervisor in the Geology Branch Supervisor (Civil) in the Industrial Estate, Guindy Senior Assistant, Government Scientific Glass Training Centre, Guindy.	Standard III or better.
Foreman, Instructors and Instructors in Technical Training Centre at Guindy.	Standard III or better. Colour blindness or night blindness to be a disqualification.
Supervisors for Industrial Co-operatives	Standard III or better.
Museum Assistant, Technical Information Section, Industrial Estate, Guindy.	

*Foreman (Refrigeration) Service-*cum*-Training Centre at Ambur for Training and Finishing of Leather.*

Assistant for Trainees Superintendent, Model Footwear Unit, Triplicane and Pallavaram. Translator, T.I. Section, Guindy Supervisors (Civil) Supervisors (Electrical) Supervisors (Technical) Operators for Motor Pictures for the tape recording and for taking photographs, etc., Technical Information Section, Guindy. Manager (Mechanical) Mechanical Draughtsman, Grade I Draughtsman (Designs) Grade I, II and III Fitter Instructor, Blacksmith Instructor, Mechanist Instructor in the Training Centre for Tool and Die Makers at Dindigul. Foreman (Saw Mill) Government Carpentry and Blacksmithy Workshop, Pettai. Press Supervisors, T.I. Section, Industrial Estate, Guindy. Store Purchase Assistant Supervisor (Sanitation) Technical Supervisor	Standard III or better.

*Foreman (Refrigeration) Service-*cum*-Trainig Centre at Ambur for Training and Finishing of Leather*—cont.

Chemist, Scientific Glass Apparatus Factory, Guindy Chemist, Grade I, Ceramic Training Centre with Commercial Section at Vridhachalam. Ceramic Assistant (Kiln) and Ceramic Assistant (Mounts) in the Ceramic Training Centre with Commercial Section at Vridhachalam. Foreman Instructor (Geology), Foreman Instructor (Engineering), and Foreman Instructor (Ceramics) in the Training School in Ceramics, Vridhachalam. Instructor, Training School in Ceramics, Vridhachalam.	Standard III or better. Colour blindness or night blindness to be a disqualification.
Jail Department—	
Probation Officers Deputy Jailors in jails and Assistant Superintendents in Borstal School. Assistant Jailors Jailors in sub-jails Gate-Keepers and Chief and Reserve Head Warder in jails and Chief Officer and Assistant Chief Officer in Borstal School. Warder in jails and special sub-jails and petty officers in Borstal School.	Standard I
Labour Department—	
Assistant Inspectors of Labour	Standard II or better. Colour blindness or night blindness to be a disqualification.
Local Administration Department—	
Extension Officers (Panchayat)	Standard III. [G.O. Ms. No. 1512, Public (Services-B), dated 17th May 1958.]
Municipal Engineers, Grade III	Standard III or better. Colour blindness to be a disqualification.
Municipal Commissioners, Grade III	Standard III [G.O. Ms. No. 2916, Public (Services-B), dated 29th September 1958.]
Medical Department—	
Drugs Inspectors	Standard III or better. Colour blindness to be a disqualification.
Panchayat Radio Maintenance Organisation—	
Radio Supervisor	Standard III or better. Colour blindness and night blindness to be a disqualification.
Port Department—	
Port Conservators, Wharf Supervisors and Assistant Port Conservator.	Standard I.
Supervisors, Marine Sub-division	Standard III or better. Colour blindness to be a disqualification.
Public Health Department—	
Health Inspectors Vaccinators Pharmacists	Standard III.
Sanitary Engineering Establishment—	
Supervisors and Boring Mechanics	Standard I.

Public Works Department—

Junior Engineers .. .. Supervisors .. .. Overseers .. .. Electricians .. .. Foreman, Public Works Workshop, Madras .. .. Store-Keeper, Grades I, II and III .. .. .. Architectural Draughtsman (Senior and Junior Grades) in the Government Architect Section.	Standard III or better. Colour blindness to be a disqualification.

Rural Development Department—

Education Extension Officers	Standard III [G.O. Ms. No. 22, Public (Services-B), dated 3rd January 1958.]
Drivers of Motor Vehicles under the C.D. Programme	Standard III or better. Colour blindness and night blindness to be a disqualification [G.O. Ms. No. 2316, Public (Services-B), dated 19th August 1959.]

Revenue Department—

Tahsildars .. .. Deputy Tahsildars	Standard III.
Overseers in the Madras Irrigation Subordinate Service.	Standard III or better.
Drivers of Motor vehicles under the control of Revenue Department.	Standard III or better. Colour blindness and night blindness to be a disqualification [G.O. Ms. No. 2734, Public (Service-B), dated 21st October 1959.]

Statistics Department—

Statistical Inspectors	Standrad II [G.O. Ms. No. 997, Public (Services-B), dated 25th March 1959].
Assistant Statistical Investigators	Standard III [G.O. Ms. No. 1353, Public (Services-B), dated 2nd May 1959.]
Supervisors	Standard III. Colour blindness and night blindness to be a disqualification.

Survey Department—

Sub-Assistant Director of Survey in Survey Parties and in the Central Survey Office. Head Surveyors in Survey Parties and in Taluk Office, Madras. Deputy Surveyors, Survey Parties .. .. .. Field Surveyors	Standard III.

Town Planning Department—

Town Planning Assistant .. .. Junior and Seniors .. .. Supervisor	Standard II or better.
Surveyor	Standard III.

(2) REGULATIONS FOR THE MEDICAL EXAMINATION OF CANDIDATES FOR APPOINTMENT TO POSTS OTHER THAN THE EXECUTIVE AND MINISTERIAL IN THE TAMIL NADU STATE AND SUBORDINATE SERVICES.

(These regulations are intended merely for the guidance of Medical Examiners and are not meant to restrict their discretion in any way.)

1. To be passed as fit for an appointment to a post, other than the Executive and Ministerial, a candidate must be in good mental and bodily health, and free from any physical defect likely to interfere with the efficient performance of the duties of his appointment :

Provided that in respect of the orthopaedically handicapped, rigid physical standards need not be insisted or but their fitness for service may be assessed on the basis of the nature and degree of their disability, and the adequacy of their functional capacity relative to the job which they seek.

2. The candidate's chest will be measured as follows :—

He will be made to stand erect with his feet together, and to raise his arms over his head. The tape will be so adjusted round the chest that is upper edge touches the inferior angles of the shoulder-blades behind, and its lower edge of the upper part of the nipples in front. The arms will then be lowered to hang loosely by the side, and care be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted.

The minimum and maximum will then be recorded in centimetres, e.g., 84-89, 85-90, etc.

In recording the measurements, fractions, of less than half a centimetre should not be noted.

The chest expansion should not be less than five centimetres for the post.

3. The candidate's height will be measured as follows :—

He will remove his shoes and be placed against the standard with his feet together, and the weight thrown on the heels and not on the toes outer side of the feet. He will stand erect without rigidity, and with the heel, calves, buttocks and shoulders touching the standard, the chin will be depressed to bring the vertex of the head level under the horizontal bar, and the height will be recorded in centi metres and parts of a centimetre to quarters.

A minimum height of 163 cms. is required for Drivers in the Government Transport Department.

4. The candidate will also be weighed and his weight recorded in kilograms. Fractions of a Kilogram should not be noted.

The following proportion between height and weight should be taken as a guide in the examination of the candidate :—

$$\frac{\text{Height in centimetres} \times \text{chest measurement on full inspiration in centi-metres}}{240} = \text{Weight in kg.}$$

A margin of about ten per cent above or below might be allowed.

5. The examination for determining the acuteness of vision includes two tests, one for distant, the other for near vision, Snellen's test types will be used for the distant, without glasses at a distance of 6 metres and for near vision without glasses, at any distance selected by the candidates. The standards of the minimum acuteness of vision which will be used for guidance in the examination of a candidate are detailed below :—

Standard I.

	Right eye.	*Left eye.*
Distant vision	V—6/6	V—6/6.
Near vision	Reads 0.6.	Reads 0.6

Standard II.

	Better eye.	*Worse eye.*
Distant vision	V 6/6	V, without glass not below 6/60 and after correction with glasses not below 6/24.
Near vision	Reads 0.6	Reads 1.

Standard III.

Distant vision—V, without glasses—not below 6/60, and after correction with glasses—below not below 6/6.	V, without glasses—not below 6/60 and after correction with glasses—not below 6/12.
Near vision—Reads 0.8	Reads 1.

Squint or any morbid condition of the eyes or of the lids (trachoma-like) of either eye will disqualify

Each eye must have a full field of vision.

Inability to distinguish the principal colours will not be regarded as a cause of rejection, but the fact may be noted in the certificate. If the nature of duty of the department in which the candidate seeks employment requires normal colour vision. the candidate will be rejected for employment in that particular department.

The visual acuity of each candidate in each eye—

(i) without glasses.
(ii) with candidate's own glasses will be entered in the certificate.

Refractive error alllowed will be subject to a limit of 7 D myopia of 6 D hypermetropia in either eye. Fundus examination is necessary in cases of high refractive errors.

If the certifying surgeon has any doubt about the visual acuity, or of any disease in the eye, of a candidate, the case should be referred to an ophthalmic specialist.

NOTE.—(1) The visual acuity for ministerial posts will have to be within standard III above either.

(2) No candidate will be accepted for appointment if his vision does not come up to the requirement specified above without the use of contact glasses.

(A) contact glass or lens is defined as a glass shell, the concavity of which is in contact with the globe of the eye, layer of liquid being interposed between the lens and the cormea. The meaning of the word "Glass" wherever used above. should be interpreted as not covering contact glasses.)

(3) The instructions in this regulation are subject to the provisions in regulation 6.

6. Candidates with no vision or defective vision in one eye, for appointment to Government services, should be judged on the merits of each case and a decision taken by a competent Medical Board after carefully considering the following points :—

(*a*) The functioning or useful eye should be normal in every respect and should possess-

Distant vision—6/6 .. .. without glasses.
Near vision—0.5 sn. .. .. ..

The filed and annexe should also be normal.

(*b*) A candidate with adequate vision in one eye alone may be passed as fit only if the duties to be discharged by him are such as could be performed satisfactorily withthe assistance of his functioning eye without entailing any risk to the individual concerned or to the public.

(*c*) The condition which led to the loss of vision in one eye and the possibility of the other eye being affected later should be taken into a account.

7. the urine (passed in presence of the examiner) should be examined and the result recorded.

8. As moles very often disappear, it is preferable that the personal marks should be not moles but some scar or other indelible mark.

9. The following additional points should be observed :—

(*a*) that the candidate's hearing in each ear is good and that there is no sign of diseases of the ear,
(*b*) that his speech is without impediment ; and..
(*c*) that he does not suffer from any inveterate skin disease.

NOTE.—Non-infective leprosy can only considered an inveterate skin disease on two scores—

(1) If there is deformity which cannot be remedied and is likely to increase.

(2) If the type of neural leprosy is such that the patient may become a lepromatous case in later years.

Candidates with non-infective leprosy can be regarded as fit, if they are examined by a recognized Government Leprologist of not less than five years standing and produce a certificate from him in the following form :

I, Dr. do hereby certify that I have examined a candidate for employment as a in the Tamil Nadu Service and found that he/she is suffering from neutral leprosy which is not infective and is of no danger to the public. He/she would undergo treatment in a recognized leprosy treatment centre and should subject himself/herself for a periodical medical examination once in three/six months by a competent authority and produce a certificate of non-infectivity.

He/She has deformity* and I am of opinion that this deformity is ‡ likely/not likely to interfere with the proper discharge of his/her duties.

Signature :

Designation :

* Nature of deformity should be specified. This should be scored out if there is no deformity and initailled.

‡ Strike out whichever is not applicable.

[G.O. Ms. No. 308, Public (Services), dated 4th January 1955.]

[G.O. Ms. No. 2963, Public (Services), dated 5th July 1950.]

(*d*) that there is no congenital formation or defect ;

(*e*) that he does not bear traces of acute or chronic disease pointing to an impaired constitution.

NOTE.—Ex-tubereulosis patient ear be regarded as fit for entry into Government Service, if after treatment they are certified by a recognised Tuberculosis Specialist as a non-infective and fit for duty and are certified to be otherwise physically fit by an appropriate medical authorily for the post for which they are candidates.

A tuberculosis specialist for the purpose of this note shall be—

(1) A Civil Surgeon or an Honorary Surgeon who is in-charge of Government Tuberculosis Clinic, Sanatorium or Institution with facilities for X-ray and Laboratiry examination ; or

(2) A Medical Officer who has worked in an institution specified in item (1) above in the capacity of an Assistant Surgeon or an Honorary Assistant Surgeon for a period of five years ; or

(3) A Professor or Assistant Professor of Medicine in one of the Government Medical Colleges in this State, who has had special training in Tuberculosis and has served in the said posts for a period of five years after his training in Tuberculosis.

[G.O. Ms. No. 934, Fublic (Services), dated 19th March 1955.

(*f*) that he is not reptured ; and

(*g*) that he does not suffer from hydrocele or severe degree of varicocle, varicese veins or piles.

List of posts other than Executive and Ministerial for which the above mentioned regulations are applicable.

STATE SERVICES.

Cinchona Department—

Personal Assistant to Director	Standard III.
Sales Manager	

Education Department—

Secretary to the Commissioner for Government Examinations.	Standard III or better.

Electricity Department—

Post	Standard
Chief Accountants	Standard III or better.
Deputy Chief Accountants	

Judicial Department—

Post	Standard
District Judges recruited direct from the Bar	Standard III or better.
District Munsif's	

Local Fund Audit Department—

Deputy and Assistant Examiners of Local Fund Accounts. Standard III.

Madras Legislature—

Post	Standard
Secretary	Standard III.
Deputy Secretary and Assistant Secretary	

Madras Record Office—

Curator and Assistant Curator .. .. Standard III or better.

Medical Department.—

All posts in the Tamil Nadu Medical Service .. .. Standard III.

Registration Department—

District Registrars .. .. Standard III.

Secretariat—

Assistant Secretaries to Government Law Department .. Standard III or better.

State Forensic Science Laboratory—

Assistant Directors and Physicist .. .. Standard I. Colour blindness to be a disqualification.

Stationery and Printing Department—

Government Press Establishment—

Post	Standard
Works Manager	Standard III or better, Colour blindness to be a qualification.
Deputy Works Manager	
Assistant Works Manager	
Electrical and Mechanical Engineer	

Stationery Establishment—

Assistant Director of Stationery .. .. Standard III or better.

Technical Education Department—

All Gazetted posts in the Technical Education Department. Standard III or better.

Translator's Department—

Translators .. .. Standard III or better.

SUBORDINATE SERVICES.

Agricultural Department—

Laboratory Assistants	Standard III.
Mechanics	
Museum Curator	
Draughtsman	
Artists	
Assistant to the Reseraeh Engineer	Standard III, Colour blindness to be a disqaulification.
Librarian, Agricultural College, Coimbatore ..	Standard III.
Laboratory Attendants	
Library Attender	
Inspectory Attendants and Setters..	

Animal Husbandry Department—

Veterinary Compounders	Standard III.
Artist and Photographers, Madras Veterinary College	
Mechanic, Madras Veterinary College	
Mechanic, Livestock Research Station, Hosur ..	
Statistical Assistant	

Cinchona Department—

Assistant Chemists, Government Quinine Factory and Assistant Superintendent, Government Cinchona Plantations.	Standard I.
Chinchona Propagation Assistant	
Technical Assistant (Vegetative Propagation Section)	
Artist	Standard III.
Agricultural Assistant, I.C.A.R. Scheme	Standard I.
Laboratory Assistant, I.C.A.R. Scheme	
Laboratory Assistant, Government Quinine Factory, Anamallais.	
Foreman (Mechanical)	

Co-operative Department—

Principal and Lecturers in the Central Co-operative Institute, Madras.	Standard III.

Connemara Public Library—

Deputy Librarian	Standard III or better.
Assistant Librarian	
Classification Assistant	
Upper Division Assistant	
Lower Division Assistant	

Education Department—

All posts in the Tamil Nadu Educational Subordinate Service.	Standard III.
Auditors for auditing accounts of Secondary Schools and Orphanages under Private Management.	Standard III or better.

Electricity Department—

Draughtsman	Standard III or better.
Tracers	
Chenists	
Instrument repairers	

Excise Department—

Laboratory Assistants	Standard III or better.

Forest Department—

Draughtsman (Grades I, II and III)	Standard III or better.
Tracers in the Forest Engineer's Office	

Government Museum—

Curators	Standard III or better.
Taxidermist (Grades I and II)	
Photographer and Printer	
Attenders to Curators	

Indian Medicine—

Lecturers, Grade II and Assistant Lecturers in the College of Indian Medicine.	
Demonstrators	Standard II.
Resident Medical Officers	
Assistant Medical Officer	
Herbarium Superintendent	
Inspecting Medical Officers	
Nurses	
Pharmacists	
Pharmacy Supervisors	
Compounding Attendars	
Nursing Assistants	
Ward Attendants	
Clinical Laboratory Attendant	
All other posts in the Tamil Nadu Medical Subordinate Service.	Standard III or better.

Industries and Commerce Department—

All posts in the Tamil Nadu Industries and Fisheries Subordinate Services other than those classed under " Executive " posts.	Standard III or better.

Judicial Department—

Sub-Magistrates	Standard III.

Local Fund Audit Department—

Inspectors	Standard III.

Medical Department—

Lady Apothecaries	Standard I.
Pharmacists	

Police Department —

Plan Drawing Instructor, Police Training School, Vellore	Same standards as for the Tamil Nadu Police Subordinate Service including disqualification for colour blindness.
Munshi	
Photographer	
Assistant Photographer of the Criminal Investigation Department and Photographer of the Madras City Police.	
Motor Launch Drivers (Grades I and II)	
Serangs	
Tindals	

Poatmen and Lascars	Same standards as for the Tamil Nadu Ministerial Service.
Pharmacists	
Shroffs	
Assistant Public Prosecutors	Same standard as for the Tamil Nadu Ministerial Service Colour blindness will not be a disqualification.
Assistant State Prosecutors	Do.
Port Department—	
Light-keepers	Standard I, Colour blindness to be a disqualification.
Assistant Light-Keepers	
Signallers	
Flags Lascars and Noresesignallers	
Pilots	
Tindals and Boatmen	Standard I.
Public Health Department—	
Draughtsman	Standard I.
Artist	
Entomological Assistant	
Sanitary Engineering Establishment	
Draughtsman	
Tracers	
Assistant Mechanical Engineer and Mechanical Draughtsmen.	
Librarian in the Office of the Additional Director of Health Services and Family Planning.	Standard III.
Public Works Department—	
Draughtsmen, Grades I, II and III	Standard II or better. Colour blindness to a disqualification.
Tracers	
Registration Department—	
Reserve Sub-Registrars	Standard III.
Statistical Assistant in the Office of the Additional Director of Health Services and Family Planning.	Standard I.

Transport Department—

	Right eye.	Left eye.
Motor Vehicles Inspectors .. .. Assistant Motor Vehicles Inspectors	(i) Distant vision 6/6	6/6 (Snellen).
	Near vision 0.5	0.5. (Snellen)
	(ii) Each eye must have a full field vision.	
	(iii) Colour blindness, squint or any morbid condition of the eye or lids of either eye shall be deemed to be a disqualification.	

Stationery and Printing Department—

Government Press Establishment—

Lino Operators	Standard I.
Mono Operators	Standard II.
Hand Compositors Readers and Copy holders	Standard I.
Machine Minders and Layers on	Standard II including colour test.
Mechanics and Assistant Mechanics Cutters	Standard II.
Engravers	Standard I.
Monotype caster attendants	Standard II.
All other posts in the Government Press Subordinate Service.	Standard III.

Stationery Establishment—

Peons Attenders and Warehousemen	Same standard as for Ministerial Service.

Statistics Department—

Statistical Assistants	Standard III.

State Forensic Science Laboratory—

Scientific Assistant, Grades I, II and III	Standard I, Colour blindness to be a disqualification.
Technician Senior Laboratory Attendants	Standard III, Colour blindness to be a disqualification.

Survey Department—

Draugntsmen	Standard I.

Technical Education Department—

Fitters, Instrument Repairers, Stockers, Cleaners, Mechanics and Battery Room Attendants.	Standard I.
All other non-gazetted posts but excluding Ministerial posts in the Technical Education Department.	Standard III or better.

Town Planning Department—

Draughtsmen Tracers Blue Printers	Standard III or better.
Statistical Assistants	Standard III.
Architectural Draughtsmen (Junior and Senior)	Standard II or better.

Translator's Department—

Assistant Translator Senior Assistants Junior Assistants	Standard III.

(3) Regulations for the Medical Examination of Candidates for Appointment to posts in the Tamil Nadu Ministerial Service, The Tamil Nadu Judicial Ministerial Service and The Tamil Nadu Secretariat Service.

(These regulations are intended merely for the guidance of medical examinations and are no meant to restrict their discretion in any away.)

Note.—These regulations shall apply to candidates for appointment as Computors, Gramasevaks, Grades II and Assistants in the Accounts Branch of the Office of the Chief Engineer (Highways and Rural Works and the standard vision shall be that in Standard III mentioned in paragraph 5 below.

(G.O. Ms. No. 2057, Public (Services-B), dated 25th July 1958.)

1. To be passed as fit for appointment to a Ministerial post, a candidate must be good mental and bodily health and free from physical defect likely to interfere with the efficient performance of the duties of his appointment :

Provided that in respect of the orthopaedically, handicapped rigid physical standards need not be insisted on, but their fitness for service may be assessed on the basis of the nature and degree of their disability and the adequacy of their functional capacity relative to the job which they seek.

2. The candidate's chest will be measured as follows :—

He will be made to stand erect with his feet together and to raise his arms over his head. The tape will be so adjusted round the chest that it upper edge touched the inferior angles of the shoulder-blasdes behind and its lower edge the upper part of the nipples in front. The arms will then be lowered to hang loosely by the side and care be taken that the shoulders are not thrown upwards, or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest of the chest will be carefully noted.

The minimum and maximum will then be recorded in centimetres, eg., 84-89, 85-90, etc.

In recording the measurements, fractions of less than half a centimetre should not be noted.

The chest expansion should not be less than five centimetres for the post.

3. The candidate's height will be measured as follows :—

He will remove his shoes and be placed against the standard with his feet together and the weight thrown on the heels and not on the toes or outerside of the feet. He will stand erect without rigidity and with the heel, calves, buttocks and shoulders touching the standard, the chin will be depressed to bring the vertex of the head level under the horizontal bar and the height will be recorded in centimetres and parts of centimetres to quarters.

4. The candidates will also be weighed and his weight recorded in kilograms. Fractions of a kilogram should not be noted.

The following proportion between height and weight should be taken as a guide in the examination of the candidate :

$$\frac{\text{Height in centimetres} \times \text{Chest measurement on full insipiration in centimetres.}}{240.} \text{Weight in kg.}$$

A margin of about ten percent above or below might be allowed.

5. The examination for determining the acuteness of vision includen two tests, one for distant, the other for near vision, Snellen's test types will be used for the distant, without glasses at a distantce of 6 metres and for the test for near vision without glasses, at any distance selcted by the candidates. The standing of the minimum acuteness of Vision which will be used for guidance in the examination of a candidate are detailed below :—

STANDARD I.

	Right eye.	Left eye.
Distant vision	V—6/6	V—6/6
Near vision	Reads 0.6	Reads 0.6.

Standard III.

Bettcr eye	*Standard warge eye.*
Distant vision—V—6/6	V. without glass—not below 6/60 and after correction with glasses—not below 6/24.
Near vision—Reads 0.6	Reads 1.

Standard III.

Distant vision-V, without glasses—nct below 6/50 and after correction with glasses—not below 6/6.	V, without glasses not below 6/60 and after vcorrection with glasses—not below 6/12.
Near vision— Reads 0.3	Reads .

Squint or any morbid condition of the eyes of the lids (trachoma-like) of either eye will disqualify.

Each eye must have full field of vision.

Inability to distignish the principal colours will not be regarded as a cause of rejection, but the fact may be noted in the certificate. If the nature of duty of the department in which the candidate seeks employment requires normal colour vision, the candidate will be rejected for employment in that particular department.

The visual acuity of each candidate to each eye—

(i) without glasses ;

(ii) with candidate's own glasses will be entered in the ceitificate.

Refractive error allowed will be subject to a limit of 7 D Myopia or 6 D hypermetropia in ei ther eye. Fundus examination is necessary in cases of high refractive errors.

If the certifying surgeon has any doubt about the visual acuity, or of any disease in the eye of a candidate the cases should be refrerred to an Ophthalmic specialist.

NOTE.—(1) The visual acuity for ministerial posts will have to be within standard III above or better.

(2) No candidate will be accepted for appointment if his vision does not come up to the requirements specified above without the use of contact glasses.

(A contact glass or lens is defined as a glass shell the concavity of which is in contact with the globe of the eye, a layer of liquid being interpreted between the lens and the conea. The meaning of the word "glasses" wherever used above is to be interprcted as nor convering contact glasses.)

(3) The instructions in this regulation are subject to the provisions in regulations 6.

6. Candidates with no vision or defective vision one eye, for appointment to Government Service, should be judged on them merits of each case and a decision taken by a competent Medical Board after carefully considering the following points :—

(*a*) The functioning or useful eye should be normal in every respect and should possess—

Distant vision—6/6		without glasses.
Near vision-—0.5sn.		

The field and annexe should also be normal.

(*b*) A candidate with adequate vision in one eye alone may be passed as fit only if the duties to be discharged by him are such as could be performed satisfactorily with the assistance of his functioning eye without entailing any risk to the individual concerned or to the public.

(*c*) The condition which led to the loss of vision in one eye and the possibility of the ye being affected later should be taken into account.

G.O. Ms. No. 4493, ulic (Services), dated 11th December 1959.)

7. The urine (passed in presence of Examiner) should be examined and the results recorded.

8. As moles very often disappear, it is preferable that the presonal marks should be not moles but some scar or other indelible mark.

9. The following additional point should be observed :—

(*a*) That the candidate's hearing in each ear is good and that there is no sign of diseases of the ear ;

(*b*) that his speech is without serious impediment ;

(*c*) that he does not suffer from any inveterate skin disease ;

(1) If there is deformity which cannot be remedied and is likely to increase.

(2) If the type of neural leprosy is such that the patient may become a lepromatous case in later years, Candidates with non-infective leprosy can be regareded as fit if they are examined by a recognized Government Leprologist of not less than five years standing and produce a certificate from him in the following form :—

I, Dr. do hereby certify that I have examined a candidate for employment as a in the Tamil Nadu Service and found that he/she is suffering from neural leprosy which is not infective and is of no danger to the public. He/She should undergo treatment in a recognized leprosy treatment centre and should subject himself/herself for a periodical medical examination once in three/six months by a competent authority and produce a certificate on non-infectivity.

He/She has deformity** and I am of opinion that this deformity is* likely/not likely interfere with the proper discharge of his/her duties.

Signature.

Designation.

* Strike out whichever is not applicable.

** Nature of deformity should be specified. This should be scored out, if there is no deformity and initialled.

(*d*) that there is no congenital malformation or defect ; and

(*e*) that he does not bear traces of acute or chronic disease pointing to an imparied constitution.

A tuberculosis specialist for the purpose of this note shall be—

(1) A Civil Surgeon or an Honorary Surgeon who in-charge of a Government Tuberculosis Clinic Sanatorium or Institution with facilities for X-ray and Laboratory examination ; or

(2) A Medical Officer who has worked in an institution specified in item (1) above in the capacity of an Assistant Surgeon or an Honorary Assistant Surgeon for a period of five years ; or

(3) A Professor or Assistant Professor of Medical in one of the Government Medical Colleges in the State, who has had special training in Tuberculosis and has served in the said posts for a period of five years after his training in Tuberculosis.

(G.G. Ms. No. 914 Public (Services), dated 19th March 1955).

ANNEXURE II.

(1) Certificate of Physical fitness (for Executive posts).

[This form is to be used by every candidate who is required by the Tamil Nadu Public Service Commission to produce a certificate of physical fitness. It must be signed by a Commissioned Medical Officer of a Civil Medical Officer of rank not lower than that ofCivil Surgeon or a Honorary Medical Officer of Civil Surgeon's rank (viz., Honorary Physician and Honorary Surgeon) or a District Medical Officer employed under Government of Tamil Nadu].

NOTE.—A candidate who resides outside the State of Tamil Nadu and who is unable to produce the certificate from a Medical Officer employed in the State of Tamil Nadu may produce it from a Medical Officer of corresponding rank outside the State of Tamil Nadu. Such certificate should contain the following particulars :—

(i) The state under which the Medical Officer is employed and the name of the institution in which he is employed and his rank.

(ii) Register number of certifying Medical Officer in the register in which his name has been registered.

(iii) The official stamp or seal of the institution in which the certifying Medical Officer is employed.

The certificate so produced will be subject to acceptance after scrutiny by the Director of Health Services and Family Planning, Madras.

The candidate selected by the Commission for direct recruitment to the Tamil Nadu Police Service or recruited to the Tamil Nadu Civil Service (Executive Branch) otherwise than in the Tamil Nadu Revenue Subordinate Service will be examined before a Medical Board before appointment.

(G.O. Ms. No. 308, Public Services, dated 4th January 1955.)

Name and rank of officer granting the certificate.

I do hereby certify that I have examined (full name) a candidate for employment under the Government of Tamil Nadu in the service as and cannot discover that he has any disease communicable or otherwise, constitutional affection or bodily infirmity except that his weight is excess/below to standard prescribed, or except........

I do
——
do not

consider this a disqualification for the employment he seeks.

I do further certify that in my opinion his general physical condition is such as a enable him to perform efficiency the active duties of executive service.

His age is according to his own statement years and by appearance about years

Smallpox
——
vaccination

Chest measurement in centimetres on full inspiration
——
on full expiration
——
difference (expansion)

Height Metre. Centimetres.

Weight in kg.

His vision is normal.

Hypermetropic ( ). Here enter the degree of defect and the strength of correction glasses.

Myopic ( ). Here enter the degree of defect and the strength of correction glasses.

Astigmatic (simple or mixed) ( ). Here enter the degree of defect and the strength of correction glasses.

Hearing is normal, defective (much or slight).

Urine—Does chemical examination show (i) albumen, (ii) sugar.

State specific gravity.

Personal marks (at least two should be mentioned).

Station : Signature :

Rank :

Date : Designation :

Candidate's statement and declaration.

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below :—

1. State your name in full (in BLOCK LETTERS).

2. State your age and place of birth .. .. ..

3. (*a*) Have you ever had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lungs disease, fainting attacks, rheumatism appendicitis?

OR

(*b*) any other disease or accident requiring confinement to bed and medical or surgical treatment ?

OR

(*c*) suffered from any illness, wound or injuries sustained while on active service during the war of 1939—1946?

4. When were you last vaccinated ? .. ..

5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity ?

6. Have you suffered from any form of nervousness due to overwork or any other cause ?

7. Have you been examined and declared unfit for Government service by a Medical Officer/ Medical Board, within the last three years ?

Father's age if living and state of health.	Father's age at death and cause of death.	Number of brothers living, their ages and state of health.	Number of brothers dead, their ages at death and cause of death,
(1)	(2)	(3)	(4)

Mother's age, if living and state of health.	Mother's age at death and cause of death.	Number of sisters living, their ages and state of health.	Number of sisters dead, their ages at death and cause of death.
	(1)	(3)	(4)

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other condition.

Candidate's signature.

Signed in my presence.

Signature of Medical Officer.

NOTE.—The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, or forfeiting all claims to superannuation allowance or gratuity.

(2) CERTIFICATE OF PHYSICAL FITNESS (FOR OTHERS THAN EXECUTIVE POSTS AND POSTS IN THE TAMIL NADU MINISTERIAL SERVICE, THE TAMIL NADU JUDICIAL MINISTERIAL SERVICE AND THE TAMIL NADU SECRETARIAT SERVICE).

This form is to be used by every candidate who is required by the Tamil Nadu Public Service Commission to produce a certificate of physical fitness. It must be signed by a Commissioned Medical Officer or a Civil Medical Officer of rank not lower than of Civil Surgeon or a Honorary Medical Officer of Civil Surgeons rank (viz., Honorary Physician and Honorary Surgeon) or a District Medical Officer employed under the Government of Tamil Nadu.

NOTE.—A candidate who resides out side the State of Tamil Nadu and who is unable to produce the certificate from a Medical Officer employed in the State of Tamil Nadu may produce it from a Medical Officer of corresponding rank outside the State of Tamil Nadu. Such certificate should contain the following particulars :—

(i) The State under with the Medical Officer is employed and the name of the institution in which he is employed and his rank ;

(ii) Register number of the certifying Medical Officer in the register in which his name has been registered.

(iii) The Official stamp or seal of the institution in which certifying Medical Officers is employed.

The certificate so produced will be subject to acceptance after scrutiny by the Director of Health Services and Family Planning/Director of Medical Education, Madras.

[G.O. Ms. No. 208, Public (Services), dated 4th January 1955.]

Name and rank of officer granting the certificate.

I do hereby certify that I have examined (full name) a candidate for employment under the Government of Tamil Nadu in the service as and cannot discover that he has any disease communicable or otherwise, constitutional affection or bodily infirmity except that his weight is in excess/below of standard prescribed, or except

I do/do not consider this a disqualification for the employment he seeks. His age is according to his own statement years and by appearance about years.

I also certify that he has marks of

Smallpox
———
Vaccination

Chest measurement in centimetres.

on full inspiration
———
on full expiration
———
difference (expansion).

Height Metre Centimetre

Weight in kg.

His vision is normal.

Hypermetropic ( ). Here enter the degree of defect and the strength of correction glasses.

Myopic ( ). Here enter the degree of defect and the strength of correction glasses.

Astigmatic (simple or mixed) ( ).

Here enter the degree of defect and the strength of correction glasses.

Hearing is normal, defective (much or slight).

Urine—Does chemical examination show (i) albumen, (ii) sugar. State specific gravity.

Personal marks (at least two should be mentioned).

Station : Signature :

Rank :

Date : Designation :

Candidate's statement and declaration.

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below :—

1. State your name in full (in BLOCK LETTERS).
2. State your age and place of birth
3. (*a*) Have you ever had smallpox intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lungs disease, fainting attacks, rheumatism, appendicitis ?

   OR

   (*b*) any other disease or accident requiring confinement to bed and medical or surgical treatment ?

   OR

   (c) suffered from any illness, wound or injuries sustained while on active service during the war of 1939-1946 ?
4. When were you last vaccinated ? .. ..
5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity ?
6. Have you suffered from any form of nervousness due to overwork or any other cause ?
7. Have you been examined and declared unfit for Government Sservice by a Medical Officer/Medical Board, within the last three years ?
8. Furnish the following particulars concerning your family :—

Father's age if living and state of health.	Father's age at death and cause of death.	Number of brothers living, their age and state of health.	Number of brothers dead, their ages at death and cause of death.
(1)	(2)	(3)	(4)

Mother's age, if living and state of health.	Mother's age at death and cause of death.	Number of sisters living, their age and state of health.	Number of sisters dead, their ages at death and cause of death.
(1)	(2)	(3)	(4)

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other conditions.

Candidate's Signature.

Signed in my presence

Signature of Medical Officer.

NOTE.—The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, or forfeiting all claims to superannuation allowance or gratuity.

(3) CERTIFICATE OF PHYSICAL FITNESS (FOR POSTS IN THE TAMIL NADU MINISTERIAL SERVICE, THE TAMIL NADU JUDICIAL MINISTERIAL SERVICE AND THE TAMIL NADU SECRETARIAT SERVICE.

This form is to be used by every candidate who is required by the Tamil Nadu Public Service Commission to produce a certificate of physical fitness. It must be signed by a Medical Officer of rank not lower than that of an Assistant Surgeon employed under the Government of Tamil Nadu or by an Honorary Assistant Surgeon and Physician appointed by the Government of Tamil Nadu to Government Medical Institution.

NOTE.—A candidate who resides outside the State of Tamil Nadu and who is unable to produce the certificate from a Medical Officer employed in the State of Tamil Nadu may produce it from a Medical Officer of corresponding rank outside the State of Tamil Nadu. Such certificate should contain the following particulars—

(i) The State under which the Medical Officer is employed and the name of the institution in which he is employed and his rank ;

(ii) Register number of the certifying Medical Officer in the register in which his name has been registered ;

(iii) The Official Stamp or Seal of the institution in which the certifying Medical Officer is employed.

The certificate so produced will be subject to acceptance after scrutiny by the Director of Health Services and Family Planning/Director of Medical Education, Madras.

[G.O. Ms. No. 208, Public (Services), dated 4th January 1955.]

Name and rank of officer granting the certificate—

I do hereby certify that I have examined (full name)
a candidate for employment under the Government of Tamil Nadu in the
service as and cannot discover that he has any disease, communicable or otherwise, constitutional affection or bodily infirmity except that his weight is excess / below the standard prescribed or except

I do/do not consider
this a disqualification for the employment the seeks.

His age is according to his own statement years and by appearance about years.

I also certify that he has marks of Smallpox / Vaccination

Chest measurement in centimetre.
on full inspiration
on full expiration
difference (expansion)

Height Metre Centimetre

Weight in kg.

His vision is normal

Hypermetropic ( ). Here enter the degree of defect and the strength of correction glasses.

Myopic ( ) Here enter the degree of defect and the strength of correction glasses.

Astigmatic (simple or mixed) ( ) Here enter the degree of defect a dn the strength of correction glasses.

Hearing is normal, defective (much or slight).

Urine—Does chemical examination show (i) Albumen, (ii) sugar.

State specific gravity.

Personal marks (at least two should be mentioned).

Station : Signature :

Date : Rank.

Designation:

Candidate's statement and declaration.

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below :—

1. State your name in full (in BLOCK LETTERS).
2. State your age and place of birth.
3. (*a*) Have you ever had smallpox intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart diseases, lung disease, fainting attacks, rheumatism, appendicitis ?

   OR

   (*b*) any other disease or accident requiring confinement to bed and medical or surgical treatment ?

   OR

   (*c*) suffered from any illness, wound or injuries sustained while on active service during the War of 1939—1946 ?
4. When were you last vaccinated ? ..
5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity ?
6. Have you suffered from any form of nervousness due to over work or any other cause?
7. Have you been examined and declared unfit for Government service by a Medical Officer/Medical Board, within the last three years?
8. Furnish the following particulars concerning your family :—

Father's age, if living and state of health.	Father's age at death and cause of death.	Number of brothers living, their ages and state of health.	Number of brothers dead, their ages at death and causes of death.
(1)	(2)	(3)	(4)

Mother's age, if living and state of health.	Mothers' age at death and cause of death.	Number of sister's living, their ages and state of health.	Number cf sisters dead their ages at death and cause of death.
(1)	(2)	(3)	(4)

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly affirm that I have not received a disability certificate/pension on account of any disease or other condition.

Candidate's signature.

Signed in my presence.

Signature of Medical Officer.

NOTE.—The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information, he will incur the risk of losing the appointment and, if appointed, or forfeiting all claims to superannuation allowance or gratuity.

588. (*b*) **Employment and medical examination of physically handicapped persons.**—As per existing rules, the physical standards prescribed do not explicitly debar the handicapped persons, provided the defect is not such as would render the candidates unfit for efficienty discharging the duties attached to the post. It will be a great help in solving the problems of rehabilitation and resettlement of the physically handicapped if the recruiting authorities, such as the Tamil Nadu Public Service Commission and the appointing authorities bear this fact in mind when they select or appoint candidates, as the case may be, for regular or temporary vacancies in post under their control.

The examining medical authorities are also requested to use their discretion liberally in assessing whether or not a particular handicap will be detrimental to the efficient discharge of the duties of the post to which a handicapped person seeks to be appointed.

In respect of appointments to the post of lift operators and telephone operators, which can normally be manned by partially disabled person, a liberal attitude towards handicapped persons is feasible.

589. **Physical standards for services and posts to which recruitment is made by the Government of India.**—The following rgulations have been made by the Government of India prescribing physical standards in the clase of candidates for admission into the technical and non-technical services, Class I and iass II (Gazetted) under the Government of India except posts of Assistant Aerodrome Officers in the Civil Aviation Department and defence services personnel and also for the employment in non-Gazetted posts.

I. Technical (Gazetted)—

(*a*) Railway Engineering Services (Civil, Electrical, Mechanical and Signal), Transportation (Traffic) and Commercial Department and posts of the Marine Establishment.

(*b*) Central Engineering, Classes I and II, Telegraph Engineering, Class I, Electrical Engineering, Classes I and II, Survey of India, Classes I and II and Classes I and II posts in the Engineering branch of the Overseas Communication Services, Technical Officers, Classes I and II of the Inspection wing of the Directorate-General of Supplies and Disposals.

(*c*) Similar other services as may be declared technical for the purposes of these regulations.

II. Non-technical (Gazetted).

(*a*) I.A.S., I.F.S., I.A. & A.S., Indian Customs Service, Indian Railway Accounts Service, Indian Defence Accounts Service, Medical Stores and Establishment Department of the Superior Revenue Establishment of the Indian Railways and Railway Protection Force, Chemists and Mettalurgists and any other posts not connected with the train working or use of trolley Income-Tax Officers, Class I (Grade II) and Class II Service, Indian Postal Service (Class I)

Military lands and Contonments Service, Classes I and II, Geological Survey of India, Classes I and II and other Central Civil Services, Classes I and II, Technical Officers of Wireless Planning and Co-ordination Organisation, Classes I and II.

(*b*) Indian Police Service.

REGULATIONS AS TO THE PHYSICAL EXAMINATION OF CANDIDATES.

These regulations are published for the convenience of candidates and in order to enable them to ascertain the probability of their coming up to the required physical standard. But it must be clearly understood that the Government of India reserves to themselves an absolute disrcetion to reject as unfit any candidate whom they may consider, on the report of the Medical Board, to be physically disqualified and that their discretion is in no respect limited by these regulations. These regulations are intended merely for the guidance of Medical Examiners and are not meant to restrict their discretion in any way.

1. To be passed as fit for appointment a candidate must be in food mental and bodily health and free from any physical defect likely to interfere with the efficient performance of the duties of his appointment.

2. (*a*) In the matter of the correlation of age, height and chest of candidates of Indian (including Anglo-Indian) race, it is left to the Medical Board to use whatever correlation figures are considered most suitably as a guide in the examination of the candidates. If there be any disproportion with regard to height, weight and chest girth, the candidate should be hospitalised for investigation and X-ray of the chest taken before the candidate is declared fit or not fit by the Board.

(*b*) However, for certain services the minimum standards for height and chest girth without which candidate is cannot be accepted, are as follows :—

	Height.	Chest-girth (fully expanded.)	Expansion.
	(1)	(2)	(3)
(1) Railway Engineering Service (Civil, Electrical) Mechanical and Signal) Transportation (Traffic) and Commercial Department, Railway Protection Force and posts on the Marine Establishment and Class I and II posts in the Engineering Branch of the Overseas Communication Services.	5 ft.	33"	2"
(2) Indian Police Service*	5'5"	33"	2"

The minimum height prescribed is relaxable in case of candidates belonging to races such as Gorkhas, Garhwalis, Assamese Tribals, etc., whose average height is distinctly lower.

* Not Applicable the women candidates.

3. The candidate's height will be measured as follows :—He will remove his shoes and be placed against the standard with his feet together and the weight thrown on the heels and nor on the toes or other sides of the feet. He will stand erect without regidity and with the heels calves, buttocks, and shoulders toughing the standard, the chin will be depressed to bring the vertex of the head level under the horizontal bar and the height will be recorded in inches and parts of an inch to quarters.

4. The candidate's chest will be measured as follows :—

He will be made to stand erect with his feet together and to raise his arms over his head. The tape will be so adjusted round and the chest that its upper edge touches the inferior angle of the shoulder blades behind and lies in the same horizontal plane when the tape is taken round the chest. • The arms will then be lowered to hang loosely by the side, and care will be taken that the shoulders are not thrown upwards or backwards so as to displace the tape. The candidate will then be directed to take a deep inspiration several times and the maximum expansion of the chest will be carefully noted, and the minimum and maximum will then be recorded in inches, 33 35, 34-36 etc., In recording the measurements, fractions of less than 1/2 inch should not be noted.

5. The candidate will also be weighed and his weight recorded in kilos, fractions of a kilo should not be noted.

6. The candidate's eye sight will be tested in accordance with the following rules. The result of each test will be recorded :—

There shall be no limit for minimum naked eye vision. The naked eye vision of the candidates shall, however, be recorded by the Medical Board or other medical authority in every case, as it will furnish the basic information in regard to the condition of the eye.

The standards for distant and near vision with or without glasses shall be as follows:—

	Distant vision.		Near vision.	
	Better eye.	Worse eye.	Better eye.	Worse eye.
	(1)	(2)	(3)	(4)
1. Railway Engineering Services (Civil, Electrical, Mechanical and Signal), Transportation (Traffic) and Commercial Department and posts on the Marine Establishment, Central Engineering Classes I and II, Telegraph Engineering Class I, Electrical Engineering Classes I and II, Survey of India, Classes I and II and Classes I and II posts in the Engineering branch of the Overseas Communication Services. Technical Officers, Classes I and II of the Inspection Wing of the Directorate-General of Supplies and Disposals.	6/9	6.9	0.6	0.8
	OR			
2. I.A.S., I.F.S., I.A. & A.S., Indian Customs Service; Indian Railway Accounts Service; Indian Defence Accounts Service ; Medical Stores and Establishment, Department of the Superior Revenue Establishment of the Indian Railways and Railway Protection Force, Chemists and Metallurgists and any other posts not connected with the train working or use of trolley ; Income Tax Officers (Class I, Grade II and Class II) Service ; Indian Postal Service, Class I, Military Lands and Cantonments Service, Classes I and II, Geological Survey of India, Classes I and II and other Central Civil Services, Classes I and II, Technical Officers of the Wireless Planning and Co-ordination Organisation, Classes I and II.	6/6	6/12	..	..
3. Indian Police Service				
N.B.—When the age of the candidate at the time of first appointment in 35 years or more the corrected usual acuity will be reduced by one step, i.e.	6/12	6/12	..	..
OR				
	6/9	6/18	..	..

NOTES.—1. In respect of services mentioned at 1 and 3 above, total amount of Myopia (including the cylinder) shall not exceed (—) 4.00 D. Total amount of Hypermetropia (including the cylinder) shall not exceed (+) 4.00 D.

2. In respect of services mentioned at 2 above total amount of Myopia shall not exceed (—) 8.00 D and total Hyper metropia shall not exceed (+) 6.00 D in the case of candidates above the age of 20 years and (—) 6.00 D and (—) 6.00 D in the case of those up to the age of 20 years.

3. Fundus Examination—

Whenever possible fundus examination should be carried out and results recorded. The necessity for carrying out such examination is left to the discretion of the Medical Board.

4. Colour vision—

(i) The testing of colour vision shall be essential in respect of services mentioned at 1 and 3 above, as also for medical, Railway Protection Force and Chemical and Mettallurgical under the Ministry of Railways.

(ii) Colour perception should be graded into a higher and a lower grade depending upon the size o the aperture in the lantern as described in the table below .—

Grade.	Higher grade of colour perception.	Lower grade of colour perception.
(1)	(2)	(3)
1. Distance between the lamp and candidate	16	18
2. Size of aperture	1.3 mm.	1.3 mm.
3. Time of exposure	5 Sec.	5 sec.

For the services concerned with the saftey of the Public higher grade of colour vision essential but for others lower grade of colour vision should be considered sufficient. The same standards of colour vision should be applicable in respect of all engineering personnel in whose case was colour perception is considered essential irrespective of the fact whether their duties involve field work or not.

(iii) Satisfactory colour vision constitutes recognition with ease and without hesitation of signal red, signal green and white colours. The use of Ishihara's plates, shown in good light and a suitable lantern like Edridge Green's shall be considered quite dependable for testing colour vision. While either of the two tests may ordinarily be considered sufficient in respect of the service concerned with road, rail and air traffics it is essential to carry out the lantern test. In doubtful cases where a candidate fails to qualify when tested by only one of the two tests, both the tests should be employed.

5. Field of vision—

The field of vision shall be tested in respect of all Services by the confrontation method. Where such test give unsatisfactory or doubtful results the field of vision should be determined on the permeter.

6. Night Blindness—

Night Blindness need not be tested as a routine,* but only in special cases. No stanard test for the testing of night-blindness or dark adaptation is prescribed. The Medical Board should be given the discretion to improvise such rough tests e.g., recording of visual acuity with reduced illumination or by making the candidate recognize various objects in a darkned room after he/she has been there for 20 to 30 minntes. Candidates' own statements should not always be relied upon, but they should be given due consideration.

7. Ocular conditions other than visual acuity—

(*a*) Any organic disease or a progressive refractive error which is likely to result in lowering the visual acuity should be considered as a disqualification.

(*b*) Trachome—

Trachoma, unless complicated shall not ordinarily be a cause for disqualification.

(*c*) Squint—

For services mentioned at 1 and 3 above where the presence of binocular vision is essential, squint, even if the visual acuity is of the prescribed standard should be considered as a disqualification. For other services the presence of squint should bot be considered as a disqualification if the visual acuity is of the presctribed standard.

(*d*) For regular class I/II posts one-eyed persons are to regarded as unfit. However, one-eyed individuals should not be altogether excluded from employment in Class I and Class II Services on a contract basis provided the visual acuity in the functioning eye is 6/6 for distant vision and 0.6 for near vision and the refractive error is not more than (+) or (—) 4.00 D. The above standards are not intended for the Defence Services personnel.

7. Blood pressure—

The Board will use its descreetion regarding Blood Pressure. A rough method of calculating normal maximum systolic pressure is as follows :—

(i) with young subjects 15—25 years of age the average is about 100 rules the age;

(ii) with subjects over 25 years of age the general rule of 110 plus half the age seems quite satisfactory.

N.B.—As a general rule any systolic pressure over 140 and diastrolic over 90 should be regarded as suspision and the candidate should be hospitalised by the Board before giving their final opinion regarding the candidate's fitness or otherwise. The hospitalization report should indicate whether the rise in blood pressure is of a transient nature due to excitement, etc., or whether it is due to any organic disease, In all such cases, X-ray and electro cardiographic examinations of heart and blood urea clearance test should also be done a routine. The final decision as to the fitness or otherwise of a candidate will, however rest with the Medical Board only.

METHOD OF TAKING BLOOD PRESSURE.

The mercury manometer type of instrument should be used as a rule. The measurement should not be taken within fifteen minutes of any exercise or excitement. Provided the patient and particularly his arm, is relaxed he may be either lying or sitting. The arm is supported comfortably at the patient's side in a more or less horizontal postition. The arm should be free from clothes to the shoulder. The cuff completely deflated, should be applied with the middle of the rubber over the inner side of the arm, and its lower edge an inch or two above the bend the cf the below. The following turns of cloth bandage should spread evenly over the bag to avoid buging inflation.

The brachial artery is located by palpitation at the bend of the elbow and the stethoscope is then applied lightly and centrally over it below, but not in contact with the cuff. The cuff is inflated to about 200 mm Hg. and then slowly deflated. The level at which the column stands when soft successive sounds are heard represences the systolic pressure when more air is allowed to escape the sounds will be heard to increase in intensity. The level at which the column well-heard clear sounds change to soft muffled fading sounds represents the diatolic pressure. The measurements should be taken in a fairly brief period of time as prolonged pressure of the cuff is irritating to the patient and will vitiate the readings. Re-checking, if necessary, should be done only a few minutes after compete deflation of the cuff. (Sometimes as the cuff is deflated sounds are heard at a certain level. They may disappear as pressure falls and reappeal a still lower level. This 'Silent Gap may may cause error in reading).

8. The urine (passed in the presence of the examiner) should be examined and the result recorded. Where a Medical Board finds sugar present in a candidate's urine by the usual chemical tests, the Board will proceed with the examination with all its other aspects and will also specially note any signs or symptoms suggestive of diabetes. If except for the glycosuria in the Board finds the candidate confirms to the standard of medical fitness required they may pass the candidate "fit subject to the glycosuria being non-diabetic" and the Board will refer the case to a specified specialist in Medicine who had hospital and laboratory facilities at his disposal. The Medical specialist will carry out whatever examinations, clinical and laboratory, he considers necessary including a standard blood sugar tolerance test, and will submit his opinion to the Medical Board, upon which the Medical Board will base its final opinion " fit or unfit". The candidate will not be required to appear in person before the Board on the second occasion. To exclude the effects of medication it may be necessary to retain a candidate for several days in hospital, under strictly supervisor.

9. *The following additional points should be observed—*

(*a*) that the candidate's hearing in each ear is good and that there is no sign of disease of the ear. In case it is defective the candidate should be got examined by the ear specialist. Provided that if the defect in hearing is remediable by operation or by use of a hearing aid, a candidate cannot be declared unfit on that account, provided he/she has no progressive disease in the ear (This provision is not applicable in the case of Railway Services) ;

(*b*) that his/her speech is without impediment ;

(*c*) that his/her teeth are in good order and that he/she is provided with dentures where necessary for effective mastication (well filled teeth will be considered as sound) ;

(*d*) that the chest is well formed and his chest expansion sufficient ; and that his heart and lungs are sound ;

(*e*) that there is no evidence of any abdominal disease ;

(*f*) that he is not ruptured ;

(*g*) that he does not suffer from hydrocele, a severe degree of varicocele, varicos vein or piles;

(*h*) that his limbs, hands and feet are well formed and developed and that there is free and perfect motion of all joints ;

(*i*) that he does not suffer from any inveterate skin disease ;

(*j*) that there is no congenital malformation or defect :

(*k*) that he does not bear traces of acute or chronic disease pointing to an impaired constitution;

(*l*) that he bears marks of efficient vaccination; and

(*m*) that he is free from communicable disease.

10. Screening of the chest should be done as a routine in all cases for detecting any abnormality of the heart and lungs, which may not be apparent by ordinary physical examination. Where it is considered necessary a skiagram should be taken.

When any defect is found it must be noted in the certificate and the medical examiner should state his opinion whether or not it is likely to interfere with the efficient performance of the duties which will be required of the candidate.

NOTE.—Candidates are warned that there is no right of appeal from a Medical Board special or standing, appointed to determine their fitness for the above services. If, however, Government are satisfied or the evidence produced before them of the possibility of an eror of judgment in the decision of the first Board, it is open to Government to allow an appeal to a seconf d Board. Such evidence should be submitted within one month of the date of communication in which the decision of the first Medical Board is communicated to the candidate otherwise no request for an appeal to a second Medical Board will be considered.

If any medical certificte is produced by a candidate as a piece of evidence about the possibility of an wrror of judgment in the decision of the first Board, the certificate will not be taken into consid ration unless it contains a note by the medical practitioner concerned to the effect that it has been given in full knowledge of the fact that the candidate has already been rejected as unfit for service by the Medical Board.

MEDICAL BOARD'S REPORT.

The following intimation is made for the guidance of the Medical Examiner:—

(1) The standard of physcial fitness to be adopted should make due allowance for the age and length of service, if any, of the candidate concerned.

(2) No person will be deemed qualified for admission to the Public Service who shall not satisfy Government or the appointing authority, as the case may be, that he has no disease constitutional affection, or bodily infirmity unfitting him, or likely to unfit him for that service.

(3) It should be understood that the question of fitness involves the future as well as the present and that one of the main objects of medical examination is to secure continuous effective service, and in the case of candidate for permanent appointment to prevent early pension or payment in case of permature death. It is at the same time to be noted that the question is one of the likelihood of continuous effective service, and the rejection of a candidate need not be advised on account of the presence of a defect which in only a small proportion of cases is found to interfere with continuous service.

(4) The Board should normally consist of three members, (i) a Physician (ii) a Surgeon and (iii) an Ophthalmologist, all of whom should so far as practicable, be of equal status. A lady doctor will be co-opted as a member of the Medical Board whenever a women candidate is to be examined.

(5) Candidates appointed to the Indian Defence Accounts Service are liable for field service, in or out of India. In the case of such a candidate, the medical Board should specially record their opinion as to his fitness or otherwise for field service.

(6) The report of the Medical Board should be treated as confidential.

(7) In case where a Medical Board considers that a minor disability disqualifying a candidate for Government service can be cured by reatment (medical or surgical) a statement to that effect should be recorded by the Medical Board. There is no objection to a candidate being informed of the Board's opinion to this effect by the appointing authority and when a cure has been effected, it will be open to the authority concerned to ask for another Medical Board.

(8) Medical Report Form for Examination of candidates for Gazetted Services.

(A) *Candidate's statement and declaration.*

The candidate must make the Statement required below prior to his Medical Examination, and must sign the Declaration appended thereto. His attention is specially directed to the Warning contained in the Note below :—

1. State your name in full (in block letters) . .

2. State your age and birth place . . . . . .

3. (*a*) Have you ever had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism, appendicitis ?

OR

(*b*) any other disease or accident requiring confinement to bed and medical or surgical treatment ?

4. When were you last vaccinated ?

5. Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy, or insanity ?

6. Have you suffered from any form of nervousness due to over-work or any other cause ?

Furnish the following particulars concerning your family :—

Father's age if living, and state of health.	Father's age at death and cause of death.	Number of brothers living, their ages and state of health.	Number of brothers dead, their ages and cause of death.
(1)	(2)	(3)	(4)

Mother's age, if living, and state of health.	Mother's age at death and cause of death.	Number of sisters living their ages and state of health.	Number of sisters dead their ages and cause of death.
(1)	(2)	(3)	(4)

All the answers are, to the best of my belief, true and correct.

Candidate's signature.

Signed in my presence.

Signature of Chairman of the Board.

NOTE.—The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, or forfeiting all claim to superannuation allowance or gratuity.

(B) *Report of the Medical Board on (name of candidate)—physical Examination.*

1. General development : Good ....Fair ....poor ......

Nutrition : Thin ....Average........................obese ....

Height (without shoes) ....Weight ....

Best Weight............................When ....Any recent change in weight ? ....Temperature ....

Girth of Chest :—

(1) (After full inspiration)

(2) (After full expiration)

2. Skin : Any disease ....

3. Eyes : (1) Any disease ....

(2) Night blindness ....

(3) Defect in colour vision ....

(4) Field of vision..

(5) Visual Acuity ....

Acuity of vision.		Naked eyed.	With Glasses.	Strength of glasses.		
				Sph.	Cyl.	Axis.
	(1)	(2)		(4)	(4)	(5)
Distant vision.	R.E.					
	L.E.					
Near vision :	R.E.					
	L.E.					

(4) Ears Inspection ....Hearing : Right Ear ....

Left Ear ....

(5) Glands ....Thyroid ....

(6) Condition of teeth ....

(7) Respiratory System : Does physical examination reveal anything abnormal in the respiratory organs ? ....

....

....

If yes, explain fully..

....

(8) Circulatory system :

(*a*) Heart : Any organic lesions ? Rate. Standing ....

After hopping 25 times..................

Two minutes after hopping ....

(*b*) Blood Pressure : Systolic............Diastolic................ ....

(9) Abdomen Girth.......................Tenderness.................Hernia..........

(*a*) Palpable : Liver................Spleen....................Kidneys............

Tumours.............................

(*b*) Haemorrhoids ....Fistula.............. ....

(10) Nervous System : Indications of nervous or mental disabilities......................

....

(11) Loco-Motor System : Any abnormality..

(12) Genito-Urinary System : Any evidence of Hydrocele, Varicocele, etc.,

Urine Analysis :

(*a*) Physical appearance
(*b*) Sp. Gr.
(*c*) Albumin
(*d*) Sugar
(*e*) Caste
(*f*) Cells

(13) Report of Screening X-ray Examination..

(14) Is there anything in the health of the candidate likely to render him unfit for the efficient discharge of his duties in the service for which he is a candidate :

(15) In case the candidate is examined for more than one service/post, state for which services has he been examined and found in all respects qualified for efficient and continuous discharge of his duties and for which of them he is considered unfit.

NOTE.—The Board should record their findings under one of the following three categories.

(i) Fit

(ii) Unfit

(iii) Temporarily Unfit on account of...

Place .... Chairman ....

Member ....

Date...... Member......................

Non-Gazetted posts and Class IV posts.

For employment in non-gazetted posts the following standards of visual acuity will be required—

Class of Service.	Distant vision.		Near vision.	
	Better eye.	Worse eye.	Better eye.	Worse eye.
(1)	(2)	(3)	(4)	(5)
All non-gazetted posts other than Class IV posts and also excluding the posts of Aerodrome operators, Fire Foreman and Fire Operators in the Civil Aviation Department.	6/6	Nil.	0.6	0.8
	OR			
	6/12	6/12		
	OR			
	6/9	6/18		
Class IV	6/9	Nil.	No standards.	
	OR			
	6/18	6/18		
	OR			
	6/12	6/24		

When the age of the candidate at the time of first appointment is 35 years or more, the corrected visual acuity will be reduced by one step as under :

All non-Gazetted posts other than class IV posts and also excluding the post of Aerodrome Operators, Fire Foreman and Fire Operators in the Civil Aviation Department.	6/9	Nil.
	OR	
	6/18	6/18
	OR	
	6/12	6/24
Class IV	6/12	Nil.
	OR	
	6/24	6/24
	OR	
	6/18	6/36

(*a*) (i) No limit for the amount of refractive error in respect of non-gazetted services is prescribed, provided their visual acuity is in accordance with the standards mentioned above.

(ii) In respect of non-gazetted services under the Ministry of Railways the existing practice of testing colour vision followed by that Ministry is to be continued. In respect of other non-gazetted services a test for colour perception is to be carried out only when specifically asked by the department concerned.

(iii) In respect of Aerodrome Operators, Fire Foreman and Fire Operators in the Civil Aviation Department the visual standards as indicated in Appendix II would apply.

(iv) The presence of Squint is not to be considered as a disqualification if the visual acuity is of the prescribed standards.

(v) The loss of one eye is not a disqualification for non-gazetted services provided the prognosis about the functioning eye is good and its vision is not likely to be endangered by the condition of the worse eye and the visual acuity standards mentioned above are fully satisfied.

[Ministry of Health O.M. No. F. 5 (II) 12/57-MII (Pt. II), dated the 17th December 1957.]

(vi) The above standards do not apply in the case of candidates for the posts of Inspector, Sub-Inspector and Sepoy in the Central Excise Department.

(Ministry of Health, O.M. No. F. 4 (II)-1/60 M. II, dated the 27th January 1960.)

(vii) If the duties of non-gazetted posts, other than Class IV, include field work and such posts as those of Air Survey Draftsman and Photogramatric Operators who are required to have binocular vision the standards of visual acuity will be the same as are prescribed for Class I and Class II. Technical posts (of Appendix I). Squint, even if the visual acuity is of prescribed standard, is to be consider d as disqualification. One eyed persons are also not to be accepted for such posts.

(Ministry of Health O. M. No. 5 (II)-12/57-M II (Pt. II), dated the 4th November 1958.)

(NOTE.—Government may relax any one of the conditions in favour of any candidate for special reasons.)

DECLARATION FORM.

(For all non-gazetted Government servants including Class IV Government servants.)

CANDIDATES'S STATEMENT AND DECLARATION.

The candidate must make the statement required below prior to his medical examination and must sign the declaration appended thereto. His attention is specially directed to the warning contained in the note below :—

(1) State your name in full (in BLOCK letters)

(2) State your age and place of birth .. ..

(3) (*a*) Have you ever had smallpox, intermittent or any other fever, enlargement or suppuration of glands, spitting of blood, asthma, heart disease, lung disease, fainting attacks, rheumatism and appendicitis.

OR

(*b*) Any other disease or accident requiring confinement to bed and medical or surgical treatment.

(4) When were you last vaccinated ?

(5) Have you or any of your near relations been afflicted with consumption, scrofula, gout, asthma, fits, epilepsy or insanity?

(6) Have you suffered from any form of nervousness due to over-work or any other cause ?

(7) Have you been examined and declared unfit for Government service by a Medical Officer/Medical Board, within the last 3 years ?

(8) Furnish the following particulars concerning your family :—

Father's age, if living and state of health.	Father's age at death and cause of death.	Number of brothers living, their ages and state of health.	Number of brothers dead, their ages at death and cause of death.
(1)	(2)	(3)	(4)

Mother's age, if living and state of health.	Mother's age at death and cause of death.	Number of sisters living, their ages and state of health.	Number of sisters dead, their ages at death and cause of death.
(1)	(2)	(3)	(4)

I declare all the above answers to be the best of my belief, true and correct,

I also solemnly affirm that I have not received a disablity certificate pension on account of any disease or other condition.

Candidate's Signature.

Signature of Medical Officer.

NOTE. The candidate will be held responsible for the accuracy of the above statement. By wilfully suppressing any information he will incur the risk of losing the appointment and, if appointed, of forfeiting all claims to superannuation allowance or gratuity.

(Ministry of Health, O. M. No. F 5 (II)-55-M II, dated the 27th September 1957.)

**Explanation.*—The declaration form is meant for all non-gazetted Government servants including Class IV Government servants and is to be filled in by them only at the time of their initial appointment or re-employment under Government. A person who is already working continuously in a Government Office need not fill the declaration form. The form is to be returned to the authority which directs the candidate for medical examination and is not to be retained by the examining medical authority.

FORM OF MEDICAL CERTIFICATE FOR NON-GAZETTED APPOINTMENTS.

In the case of candidates for employment in non-gazetted posts, the medical certificate of fitness shall be in the following form :

" I hereby certify that I have examined AB, a candidate for employment in the Ministry Department / Office.............. of.................... and cannot discover that he/she has any disease (communicable or otherwise) constitutional weakness or bodily infirmity, except .... I do consider/do not consider this a disqualification for employment in the post of..........................AB's age is according to his/her own statement ....years and by appearance about.............. years ".

[Paragraph I under Part-A of Document No. 124 of the Ministry of Finance Estt. (Spl.).]

Signature and (or thumb) impression on the certificate.

The signature of the candidate (or his thumb and finger impressions if he is literate) shall be obtained on the body of the certificate prescribed in paragraph above by the Examining Medical Officer in his presence and the head of the office shall later verify this with reference to the signature or thumb and finger impressions in the service book of the person concerned.

(Paragraph 2 under part ' A ' of Document No. 124 of the Ministry of Finance Estt. (Spl.)

SECTION 9.

CERTIFICATE OF VACCINATION AND RE-VACCINATION.

590. Rules regarding certificate of vaccination and re-vaccination.—(1) (*a*) The persons mentioned below are required to produce certificates of vaccination. These certificates shall not be issued as a matter of routine to the above persons for the reason that they have been vaccinated in their infancy. The certificates in such cases should be issued only after re-vaccination, unless there is evidence of primary vaccination or re-vaccination within 3 years prior to the granting of the certificates.

(*b*) *Deleted.*

(2) Vaccination certificates required by candidates for employment in public service should not be granted except with reference to notification of the Tamil Nadu Public Service Commission or on the requisition of the head of the office or department in which the candidates seek employment.

(3) In the case of candidates for village officers' special tests the candidates should produce requisition from the Tahsildar of the taluk or Deputy Tahsildars of the division.

(G. O. Ms. No. 2076, Revenue, dated 4th September 1919.)

591. Officers empowered to grant vaccination and re-vaccination certificates.—The following Officers of the Medical and Public Health Departments are empowered to grant Vaccination and re-vaccination certificates :

MEDICAL DEPARTMENT.

(1) Civil Surgeons.

(2) Civil Assistant Surgeons.

(3) Registered Medical Practitioners.

(4) L.I.Ms. registered in Class A.

PUBLIC HEALTH DEPARTMENT.

(1) Assistant Director of Public Health.

(2) Health Officers and Assistant Health Officers.

(3) Health Inspectors.

(4) Sanitary Inspectors in the employ of local bodies.

592. *Deleted.*

593. Issue of International Certificates of inoculation against cholera and vaccination against smallpox to passengers going abroad by sea or air.—(1) With the coming into force of the International Health Regulations, all certificates have to be authenticated by affixing on them stamp approved by the Government of India. The Government of India have distributed brass stamps of an approved design and size to all the District Medical Officers, etc., Great responsibility rests on the holders of such stamps in ensuring their proper and correct use. As the vaccination certificates carried by the International travellers would be regarded as valid only if they bear an impression of the "approved stamp" the holders with fully appreciate the trust reposed in them by the Government of India and would act in a manner which would bring credit both to the country and to the profession which they represent. Further they may bear in mind the following points in order to ensure proper use of the stamps :

(i) The vaccination can be performed either by the holder of the stamp, or under his direct supervision or by any Registered Medical Practitioner of modern medicines (allopathy), Before authenticating such certificates however the holder of the stamp should satisfy himself that the person who has issued the certificate of vaccination is a registered practitioner of modern medicine and that there is no chance of the certificate being a false or faked one.

(ii) The stamp holders shall maintain a register in the attached proforma of all certificates issued and/or authenticated by them.

Proforma for keeping record of International Certificate issued or authenticated by.

PARTICULARS OF VACCINATED PERSONS

Serial number.	Name and address.	Sex.	Age.	Disease against which vaccinated.	Date of vaccination.	Name, designation and Medical Registration number of the doctor issuing the certificate.	Date of authentication.	Reasons for rejecting any certificate.	Remarks.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

(iii) The stamp and the register should be kept under lock and key and should not be allowed to all into the hands for unauthorized persons.

(iv) The stamp-holder shall sign his name below the impression of authenticating stamp and use a small rubber stamp for denoting his name, designation and address.

International certificate of vaccination must be signed by a medical practitioner in his own hand, his official stamp is not an accepted substitute for the signature.

International certificate of vaccinations are individual certificates and shall in no circumstances be used collectively. Separate certificate shall be issued for children.

(v) The imprint in the approved brass stamp on the certificate should as far as possible be clear and not blurred. For this purpose, the stamp may be moistened on an oily type of inking pad, the kind commonly used in Post Offices, and a rubber plated pad underneath the certificate in order to ensure a clear imprint. If not readily available suitable ink may be obtained from the Deputy Controller, Stationery, Government of India, Calcutta.

(vi) No fee should be charged by the stamp-holder for affixing the stamp on a certificate.

(vii) New form of certificates of vaccination are given in the Annexure. No charge should be made from the international travellers for the supply of the booklet.

(viii) Vaccination certificates in the new forms shall be completed in English or French only and issued from 1969.

(ix) The Military authorities have prescribed their own forms of smallpox and cholera vaccination certificates for issue to the active members of the Armed Forces in accordance with the International Health Regulations. Such certificates will bear the "Military Official Stamp' instead of the "Approved stamp".

(2) The validity of a samllpox vaccination certificate will be three years beginning eight days after the date of a successful primary vaccination or, in the event of re-vaccination, from the date of that re-vaccination. The validity of a cholera vaccination certificates in six months beginning six days after the fisrts injection of the vaccine or, in the event of a re-vaccination within such period of six months, on the date of that re-vaccination.

(3) No fee shall be charged for the issue of an international certificate of vaccination if the vaccination is performed at any public hospital, dispensary, health centre, etc. The doctor who affixes the approved stamp for authenticating the certificate shall not charge any fee for doing so.

There has been no change in the procedure for the issue of vaccination certificates against yellow fever which shall continue to be issued only at the King Institute of Preventive Medicine, Guindy. These certificates will bear the official stamp of the centre and not the "approved stamp".

APPENDICE 2- 2-A.

INTERNATIONAL CERTIFICATE OF VACCINATION OR RE-VACCINATION AGAINST CHOLERA CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION.

Contre Le Cholera.

This is to certify that Je soussigne (e) certificate que	date of birth ....ne (e) le	Sex Sexe	....

Whose signature follows dont la signature suit	....

has on the date indicated been vaccinated or re-vaccinated against cholera. a ete vaccine(e) ou revaccine (e) contre le cholera a la date indique.

	Signature and professional status of vaccinator signature et titre du vaccinateur.	Approved stamp Cachet authorise.
(1)	(2)	(3)
1	1	2
2		
3	3	4
4		

The vaccine used shall meet the requirements laid down by the World Health Organisation.

The validity of this certificate shall extend for a period of six months, beginning six days after one injection of the vaccine or, in the event of a re-vaccination within such period of six months on the date of that re-vaccination.

The approved stamp mentioned above must be in a form prescribed by the Health administration of the territory in which the vaccination is performed.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

APPENDICE 3-3-A

INTERNATIONAL CERTIFICATE OF VACCINATION OR RE-VACCINATION AGAINST YELLOW FEVER.

Certificate International De Vaccination ou De Re-vaccination Contre La Fieure Jaune.

This is to certify that Je soussingé(e) certifie que	date of birth né (e) le	Sex Sexe	....
Whose signature follows dont la signature suit	....		

has on the date indicated been vaccinated or revaccinated against yellow fever a etc., vaccine(e) our revaccine (e) contre la Jaune a la date indiquee.

Date.	Signature and professional status of vaccinator signature et titre du vaccinateur.	Manufacturer and batch number of vaccine Fabricant du vaccin et number du lot.	Official stamp of Cachet official du centre de vaccinaton.
(1)	(2)	(3)	(4)
1			
2			
3		3	4
4			

This certificate is valid only if the vaccine used has been approved by the World Health Organisation and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a re-vaccination within such period of ten years, from the date of that re-vaccination.

This certificate must be signed by a medical practitioner in his own hand ; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe a etc., approuve par I administration e itaire dans lequel ce centre est situe.

APPENDICE 4-4-A.

INTERNATIONAL CERTIFICATE OF VACCINATION OR RE-VACCINATION AGAINST SMALLPOX.

Certificate international de vaccination ou de Re-vaccination Contre la variole.

This is to certify that   date of birth   Sex
Je soussigne (e)   ....ne (e) le   Sexe   ....
Certifie que

Whose signature follows
dont la signature suit ....

has on the date indicated been vaccinated or re-vaccinated against smallpox with a freeze-dried or liquid vaccine certified to fulfil the recommended requirements of the World Health Organisation.

a ete vaccine (e) on revaccine (e) contre la variole a la date indiquee cidessous, avec un vaccin lyophilse ou liquide certifie conforme aux normes recommende s par I ' organisation modiale de la sante.

Date.	Show by "X" whether Indiquer par "X" s'ils. agit de.	Signature and professional Status of vaccinator Signature et titre du vaccinateur	Manufacturer and batch number of vaccine Fabricant du vaccin et numero du lot.	Approved Stamp Cachet authorise
(1)	(2)	(3)	(4)	(5)
la Primary vaccination performed primovaccination effectuee.			la	1b
ab Read as successful Prise Unsuccessful Pas de prise.				
2 Re-vaccination			2	3
3. Re-vaccination				

The validity of this certificate shall extend for a period of three years. beginning eight days after the date of a successful Primary vaccination, or, in the event of re-vaccination, on the date of that x re-vaccination.

The approved stamp mentioned above must be in form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendments of this certificate or erasure or failure to complete any part of it, may render it invalid.

594. Issue of Cholera inoculation certificates by Medical Officers in Government Hospitals. Save as otherwise provided in the preceding paragraph, Medical Officers employed in Government Medical Institutions shall not undertake inoculation work against cholera, issue certificates or accept fees for that work, unless directed to do so by their superior officers.

(G.O. No. 1725, Public Health, dated 22nd July 1943).

Section 10.

CERTIFICATE UNDER THE INDIAN LUNACY ACT.

595. Laws relating to Lunatics.—The laws relating to the mentally deranged and all information relating to their admission and discharge in the mental hospital established in this state and the rules for the management and superintendence of the mental hospital are published in the Mental Hospital Code.

596. Reception orders on petition.—The provisions of the Indian Lunacy Act (IV of 1912) relating to reception orders have been extended by notification in the *Fort St. George Gazette* to all the districts of the State of Tamil Nadu.

597. Private patients may be—

(*a*) Voluntary boarders.

(*b*) Patients admitted by "reception order on petition"

(*c*) Patients committed to a Mental Hospital by order of the High Court or the District Court after inquisition.

598. Voluntary Boarders.—(a) (i) A voluntary boarder is a patient who suffers from some mental disorder and wishes to enter the hospital for treatment. Such a patient must apply to the Superintendent for a form, which he (the patient) will fill up, sign and have countersigned by two visitors. He then can the enter the hospital as a voluntary patient.

(ii) Voluntary boarders may leave the hospital at any time, on giving the Superintendent 24 hours notice in writing.

(iii) If, in possession of means, voluntary boarders will pay at the rate laid down in the Mental Hospital Code. But, if destitute, such patients may be admitted free.

(*b*) To secure the admission of a patient under section 7 or section 10 of the Act, the following documents prescribed in rule 77 of the Mental Hospital Code are required :—

(i) *Application for reception order (on Form I).*—This form must be filled up by patient's nearest relative (or, if not by the nearest relative, the reason should be stated) and presented to a first-class magistrate of the district or division in which the patient resides.

(ii) *Two Medical Certificates (on Form III).*—One of these medical certificates must be signed by an officer declared to be a Medical Officer for the purposes of the Act and the order by a registered medical practitioner, who must have examined the patient separately within the previous seven days.

(iii) *Reception order on Petition (Form II).*—This form is filled up and signed by the Magistrate after he has enquired into the case and he is the authority for the admission of the patient to the mental hospital.

(iv) The petitioner or some other person must engage in writing to the satisfaction of the Magistrate to pay the cost of the maintenance of the lunatic. *Vide* section II (b) of the Act.

599. Detention, Care and Treatment of alleged lunatic.—The following rules relate to the detention and care of supposed lunatics under the provisions of sections 8, 16 or 23 of the Lunacy Act IV of 1912 :

(1) The Magistrate or Commissioner of Police passing a detention order under section 8, 16 or 23 may order the lunatic or alleged lunatic to be detained—

(*a*) in any Government Mental Hospital situated within the 100 kilometres of the head-quarter of the Magistrate or Commissioner;

(*b*) in a district or municpal hospital ;

(*c*) in a dispensary building having suitable accommodation ; and

(*d*) if the dangerous or violent character of the lunatic or alleged lunatic renders it necessary, in a district jail or in case of emergency, in a sub-jail or lock-up.

(G.Os. No. 1096, Public, dated 29th August 1913 and No. 2270, Public Health, dated 14th November 1927.)

(2) The costs incurred by way of maintenance, clothing, medicine and escort in respect of an alleged lunatic detained under section 8 shall be deemed to be costs of the enquiry within the meaning of section 10 (1)

(3) All classes of patients contemplated by the Act may be admitted into the Government Mental Hospital, Madras, from any part of the State.

(4) Deleted.

(G.O. No. 488, Public Health, dated 23rd March 1932.

600. Medical history of cases and by whom prepared.—A medical officer granting a certificate of lunacy in Form III shall, except in the case of private lunatics, furnish a complete medical history of the case in the form prescribed by Government ; and any instance of neglect of this important duty shall be immediately brought to the notice of the Director of Health Services and Family Planning by the Superintendent of the Mental Hospital. If the lunatic has been not under the care of the certifying medical officer, the latter shall then collect from the lunatic's friends all information likely to throw any light on the nature and cause of the disease and forward it along with the certificate.

(G.Os. No. 109, Public, dated 18th January 1892 and No. 407, Public, dated 8th April 1897.)

601. Rules under the Indian Lunacy Act.—The following rules have been issued by Government for the guidance of officers acting under the Indian Lunacy Act (IV of 1912) :—

(1) A Magistrate passing a detention order under Sections 8, 16 or 23 of the Indian Lunacy Act, 1912, may, if he deems it necessary, detain a police guard to provide for the safe custody of the patient.

(2) If the relative of a patient who presents a petition for a reception order under section 5 of the Indian Lunacy Act, 1912, so desires, the patient may be handed over to him pending the completion of the inquiry or the removal of the patient to the Mental Hospital, provided the Magistrate considers that this course may be safely pursued.

(3) All possible information should be obtained regarding the previous history of the persons said to be insane. Medical Officers sending in-patients should make every endeavour to obtain a full and correct history of each case, especially with reference to causation and previous occupation. If particulars are not available when the papers are sent in, they may be communicated in a supplementary report.

(4) (i) The medical officer under whose observation an alleged lunatic is placed shall inspect him daily and shall be responsible that he is properly cared for and controlled. The magistrate shall, if possible, occasionally visit the patient in company with the medical officer.

(iii) Whenever the observations recorded in the medical officers' certificate are not sufficiently full, the Magistrate shall take down a supplementary deposition from that officer.

(5) If the alleged lunatic is a female, a female shall always be in attendance during the period of detention.

(6) When a Magistrate has issued a detention order under section 8 of the Indian Lunacy Act, 1912 and finds the alleged lunatic to be sane, he shall immediately issue an order of discharge addressed to the officer in-charge of the alleged lunatic.

(7) Before the lunatic is sent to a mental hospital, enquiries should be made as to whether accommodation is available.

(8) The medical officer who certified as to the insanity of a Aatient detained under section 16 shall furnish a certificate as to the fitness of the patient to travel and shall see that the patient is supplied with sufficient clothing for the journey.

(9) In the ordinary circumstances, the relative who present the petition will make arrangements for the patients' tranfer to the Mental Hospital on the reception orders being made, but in the case of a lunatic, who is dangerous to himself or to others, the Magistrate may provide Police guard.

(10) The Magistrate who despatch s te lunatic is held responsible that the escort is provided with sufficient means to purchase such articles, milk, coffee, biscuits or any suitable cooked food for the use of the lunatic during his journey to the mental hospital, and that in case the lunatic refuses food or become sick, he is taken to the nearest hospital for advice and treatment.

11. Every woman patient sent to a mental hospital shall, if possible, be accompanied by trained nurse. If the services of a trained nurse are not available, a female attendant or relative shall accompany the patient in addition to the usual police escort.

12. When committing a lunatic to a mental hospital, the Magistrate, should at the same time take steps to procure from the legally bound to maintain the lunatic the cost of keeping him in the mental hospital. It will always be open to him to compound with the parties for any smaller payment which in view of their circumstances may appear sufficient. If necessary, he may procure as provided by law, an order of the Civil Court for payment of the cost of the lunatic's maintenance whenever such lunatic has an estate appliable to his maintenance or whenever any person is legally bound to main and has the means of maintaining such lunatic.

(G.Os. No. 1096, Public, dated 29th August 1913 and No. 100, Public Health, dated 19th January 1924.)

602. **Medical Officers under the Act.**—The term "Medical Officer" for the purposes of the Act has been declared by Government to include medical practitioners who come under one or the other of the following categories :—

All medical practitioners registered under the Tamil Nadu Medical Registration Act (Tamil Nadu Act IV of 1914) and employed in any Government, Panchayat Union or Municipal Medical Institutions in a paid or honorary capacity or as House Surgeons or House Physicians shall be Medical Officers for the purposes of te Act.s

(G.O. No. 1805, Public Health, dated 16th May 1939.)

NOTE.—A Medical Practitioner with L.I.M. qualification who has regsitered himself as a medical practitione is excluded for the purpose of issue of Form III certificate under the Indian Lunacy Act, 1912, as his registration is not under the Tamil Nadu Medical Registration Act, 1914.

Item 3 :—The Government accept the suggestion and they accordingly direct that the following amendment shall be inserted as sub-para 3 after sub-para (2) of para 603 of Tamil Nadu Medical Code Volume I.

603. All exhumation, post-mortem as also all post-mortem of cases involving prior contraversy or agitation about the nature of death should be performed only by a senior Medical Officer like the Assistant District Medical Officer, or a Senior Selection category Assistant Surgeon preferably with experience or trained in Forensic Medicine, attched to the District Headquarters Hospital of the District concerned. However case there is a teaching medical institutions in the District the Professor of Forensic Medicine or an Assistant Professor of Forensic Medicine should be deputed to do such post-mortem".

(G.O. Ms. No. 118, Health and Family Welfare Department, dated 23rd January 1980.)

605. Criminal Insanes—Examinations of.—In cases where insane persons are brought before Magistrates charged with a criminal offences, all Government medical officers whether in independent charge of medical institutions or not, shall be competent to examine criminal lunatics and give evidence with reference to section 464 of the Code of Criminal Procedure (Act V of 1898).

(G.Os. No. 2284, Judicial, dated 23rd August 1883 and No. 1896, Public Health, dated 2nd June 1947.)]

Section 11.

POST-MORTEM AND MEDICO-LEGAL EXAMINATION AND CERTIFICATES.

606. **Medical Officers authorised to examine corpses.**—(1) Government Medical Officers and Medical Officers appointed by Panchayat Unions and municipalities to hold charge of Panchayat Union and Municipal Medical Institutions are authoriszed to examine corpses sent to them for that purpose under the provisions of section 174 of the Criminal Procedure Code (Act V of 1898) to conduct post-mortem examinations and to grant post-mortem certificates, if requested to do so by competent Government officers.

(2) Medical Officers (including women medical officers) employed in Panchayat Union and Municipal Medical Institutions, which do not receive half-grant or percentage contribution from Government, should also do post-mortem and and other medical legal work, whenever called upon and fees at the the rates fixed in paragraph 650 shall be paid for each item of work performed on behalf of Government.

(3) The fees aid in respect of post-mortem and medico-legal examination conducted by Medical Officers in-charge of Panchayat Union and Municipal Medical Institutions, which do not receive contribution from Government, should not be paid to the Medical Officers, but credited in full to the funds of the Local Body concerned.

NOTE.—Rural Medical Practitioners who are neither Government servants nor servants of Local Bodies are not allowed to do Government medico-legal work.

(G.Os. No. 2, Judicial, dated 1st January 1883; No. 54, Public, dated 2nd February 1926; No. 4093, Public Health, dated 4th September 1940; No. 3705, Public Health, dated 22nd October 1959; and Surgeon General's P. No. 132-E, dated 28th June 1928.)

607. **Senior Medical Officer to perform post-mortem examinations.**—(1) In all mufussal hospitals post-mortem work connected with judicial cases shall be performed by whole-time Government Medical Officer, when he is in the station and by the honorary medical officer (if there is one) in his absence. If there is a woman medical officer attached to the institution, the post-mortem work on female bodies should be done by that officer.

NOTE.—The remuneration to be paid to the Honorary Medical Officer for the work will be regulated by paragraph 650.

(G.O. No. 821, Public, dated 3rd July 1913; and No. 155, Public, dated 2nd February 1915; Surgeon Generals, P.No. 158-M, dated 11th June 1939; and G.O. No. 1328, Public Healtdh, dated 22nd April 1948.)

(2) When the Government Medical Officer is absent from the station either on casual leave or on other duty, the medical officer in-charge of the nearest Government or Panchayat Union Medical Institution should attend to post-mortem examination on receipt of telegraphic communication from the Police Officer concerned.

(Government Memorandum No. 31228-13/H3, Health, dated 29th October 1953.)

608. **Conduct of post-mortem examination by practitioners of Indian Medicine-Prohibited** Practitioners of Indian Medicine are not qualified to conduct post-mortem examination and should not be entrusted with post-mortem work under any circumstances by the Police.

(G.O. No. 3308, Health, dated 25th September 1951.)

609. **Medico-legal work—Madras City.**—(1) The professor of Forensic Medicine shall conduct post-mortem examinations in the City of Madras between the hours of 10 a.m. and 1 p.m. daily.

(2) During the absence of the Professor of Forensic Medicine, Medical College, Madras, on account of illness, court duty, etc., the post-mortem work in the Madras City should be performed by the Professor of Pathology, Madras Medical College, Madras, and the Professor of Pathology, Stanley Medical College, Madras and the Professor of Pathology, Kilpauk Medical College, Madras. The list of Police stations attached to the above Medical Colleges for purposes of postmortem work is given in Paragraph 633.

610. **Opinions on matters of public inserted.**—(1) Certificates opinions or evidence regarding any proceeding of Public interest such as inquests or judicial inquiries shall invariably be given when enquired by the Police, Military and other Government officials acting in their official capacity

(2) If, in any case, a medical officer considers that unnecessary or improper use if made of the above rule by any of the above mentioned authorities he should, after granting the certificate report the matter to the District Medical Officer who will bring it to the notice of the District Magistrate, the General Officer commanding the Division, or the head of the department concerned, as the case may be. If the officer is himself the District Medical Officer or Civil Surgeon, he will similarly report the matter to the District Magistrate, the General Officer commanding the Division, or the head of the department.

NOTE.– The above ruling applies also to any proceeding of public interest occuring within the jurisdiction of any State included in Part B of the First Schedule to the Constitution of India or a Foreign Government.

(G.O. No. 280, Public, dated 20th April 1909.)

611. **Corpses to be sent to the nearest medical institutions.**—Corpses should always be conveyed to the nearest hospital or dispensary for medico-legal examination under section 174 of the Criminal Procedure Code, irrespective of the taluk in which the hospital is situated. Instances may however arise when a medical officer should proceed to any place within a reasonable distance from the hospital or dispensary to examine a corpse when required to do so by the Magistrate or Police, Officers not below the rank of Sub-Inspector of Police.

(G. Os. No. 1625, Judicial, dated 10th July 1877, Circular No. 2, dated 24th January 1884 and Surgeon-General's No. 21-M-2338, dated 27th April 1909.)

612. **Instructions for the despatch of dead bodies for examination.**—(1) (i) The despatch of dead bodies to medical officers for post-mortem examination should not be delayed and the despatch made by only subsequent to an enquiry of considerable elaboration. Under section 174 of the Code of Criminal Procedure, Police Officers and, in their absence, village magistrates are required not to hold an inquest but to make an investigation as to the apparent of death in cases where they receive information that a person—

(*a*) has committed suicide; or

(*b*) has been killed another by, or by an animal or by machinery or by an accident; or

(*c*) has died under circumstances raising a reasonable suspicion that some other person has committed an offence.

(ii) Under the Madras Village Police Regulation XI of 1816, village magistrate are required to record information regarding the discovery of the body and its appearance when discovered or regarding the murder of the deceased, if murder has been committed. Inquests on the other hand can be held only by the Magistrates specified in section 174 (5) of the Code of Criminal Procedure.

(2) As soon as a village magistrate receives intimation of a death under suspicious circumstances he should (*a*) immediately give information to the nearest Magistrate empowered to hold inquests and to the officers in charge of the nearest police station and (*b*) proceed to inspect the body and in the presence of two or more respectable inhabitants of the place or neighbourhood hold an investigation and draw up a report as to the apparent cause of death. His report should contain a descrition of such wounds, fractures, bruises and other marks or injury as may be found on the body and it should also indicate in what manner or by what weapon or instruements (if any) such marks appear to have been inflicted. This investigation should not ordinarily involve the examination of witnesses but it does involve an examination of the body in the presence of two or more respectable inhabitants of the place or neighbourhood.

(3) When a Police Officer arrives before the body has been sent away for post-mortem examination, he must first note the injuries as indicated in sub-paragraph (2) above and if there is any doubt regarding the cause of death, or if, for any other reasons, the Police officer considers expedient to do, he should send the body immediately for post-mortem examination to the nearest Civil Surgeon or other qualified medical man appointed by Government in his behalf, unless it is necessary that the body should be kept for identification in which case it should be kept only as long as is necessary for that purpose.

(4) If neither a Police Officer nor a Magistrate arrives soon after the discovered of the body the village magistrate should, after he has completed his investigation send the body to the nearst hospital for post-mortem examination, if there is any doubt regarding the cause of death or if for any other reason he considers if expedient to do so.

(5) With the body should be sent a written requisition for a post-mortem examination and a statement showing the sex, identification and caste marks as well as the name, village and age of the deceased, if known.

(6) It is specially important that no time should be lost in the despatch of the dead body to the Medical Officer as every hour's delay means further decomposition and therefore additional difficulty in detecting the cause of death.

(7) The village magistrate or Police officer should also send, without delay, reports of the preliminary investigation to the nearest Magistrate authorized to hold inquests.

(8) After the investigation is over, whether held by the village magistrate or by the Police Officer. the Police should make enquiries at once, if there is reason to think that a cognizable crime has been committed and should proceed to record statement in their diaries as in other criminal cases; but the completion of the preliminary investigation under section 174, Criminal Procedure Code, as to the apparent causes of death should not be delayed on this account.

(G.O. No. 176, Judicial, dated 13th May 1927.)

613. **Immediate report of cases to District Medical Officer.**—Medical Officers in-charge of dispensaries, to whom cases are sent by the police for the grant of post-mortem or wound certificates, will forward a report on a post card in the following form to their respective District Medical Officers immediately after completion of examination, and a full report after the case has been disposed of :—

(Name) sent by the police on the (date) for post-mortem/wound certificate. Requirements of Chapter XVII, Section 11, Tamil Nadu Medical Code, fully complied with. Full notes and final opinion will follow.

District Medical Officers will call for explanation in all important cases, and when any particulars case appears to present doubt or difficulty.

(Standing Order No. 18 of 24th May 1895.)

614. **Post-mortem examinations to be done expeditiously.**—Post-mortem examination should be done expeditiously the same day the body is received, even if the day happens to be a Sunday which is not a dies non for medical men, so far as urgent work is concerned. Even if the body is recieved late in the evening, at least external appearances found should be noted immediatley with the help of a bright lamp and the subsequent examination done early next morning except in places where there are refrigerator or cold storage arrangements for the preservation of dead bodies.

(Surgeon-General's P. No. 54-M, dated 21st June 1935, and Surgeon-General's P. No. 140-G, dated 23rd November 1942.)

615. **Post-mortem examinations—General instructions.**—Post-mortem examinations are to be made as thoroughly as circumstances will permit whenever desired by Magisterial or Policet Officers. Attendance upon midwifery cases or other similar circumstances will not exempt medical officer from the performance of the too frequently unpleasant, though most importance duty of making a post-mortem examination. Advanced decomposition does not prevent the detection if metallic poisons in the body. Hence remains of Visera may be forwarded for chemical examination after such post-mortem examination as may be possible.

616. **Need to write out post-mortem and wound certificate, etc., legibly and neatly.**—Post-mortem and wound certificates are often filed as exhibits in sessions cases and are received in the High Court for reference in Referred Trials and Criminal Appeals. They are important documents which have to be printed as part of the record relating to the concerned case. In order that there may be no mistake in taking copies of these documents, post-mortem and wound certificates should be written legibly and clearly without any doubt or difficulty. Medical Officers who they are not prepared in legible hand writing.

(Surgeon-General's Circular P. No. 199-E-2, dated 18th September 1945.)

617. **Mistakes in medico-legal cases to be avoided.**—Omissions and mistakes in the conduct of medico-legal cases are often committed by junior medical officers. Such omission or mistakes at times materially affects the medico-legal examination and destroy the whole evidence in the case. Temporary and Junior Medical Officers should get themselves familiarised with the rules and regulations relating to the conduct of post-mortem and other medico-legal examinations, as soon as they are employed in the department.

The District Medical Officers, etc., should periodically test the knowledge of such officers in departmental rules and regulations.

(Surgeon-General's P. No. 18-Establishment, dated 19th January 1943, and Surgeon-General's P. No. 77-E-1, dated 11th April 1944.)

618. **Report regarding improper examination.**—Any case in which there is reason to suppose that a medical examination has not been conducted properly or in which an incorrect report or certificate has been issued will be brought to the notice of the Director of Health Services and Family Planning by the District Magistrate, after consulting the District Medical Officer.

619. **Examination of bodies run over on railways.**—In every case of a person run over on a railway, unless it is known for certain that death was caused by being run over, there should be a thorugh post-mortem examination, and the Civil Surgeon should be very careful to determine whether there are any signs of poison. Particulars care should be taken with unidentified bodies.

(G.O. No. 1114, Judicial, dated 14th May 1819.)

620. **Post-mortem and wound certificates—Exact copies to be sent.**—Post-mortem and wound certificae should be made out by the medical officers n wound certificate book and post-mortem certificate book, standadized medical Form Group No. 1-25 and 29, respectively. A book of each of the ytwo forms should be maintained in every hospital and dispensary and certificates should be numbered consecutively. Wound Certificate book—Standardized Medical Form No. 1-25 will be supplied to medical officers in books of 100 forms each in triplicate (300 forms in all). Post-mortem certificate, i.e., Medical Form No. 1-29 will be supplied to medical officers in books of 100 pages each in quarspcate (400 forms in all). The original, duplicate and triplicate copies will be purporated.

[G.O. Ms. No. 2870, Law (General), dated 25th August 1928.]

621. **Post-mortem certificates—Instructions for filling in.**—(i) After the words "body of a" the sex should be entered.

(ii) The approximate age to be entered should be judged from appearance.

(iii) The date and time of receipt of the body and the name and official position of the person ordering the post-mortem should be entered, together with the number and date of the document sent by him.

(iv) The number, rank and name of the constable in-charge of the body should be entered.

(v) After the words "the body when first seen by the undersigned was", its condition should be noted, "(i.e.) whether warm cold condition of " rifor mortis" or undergoing "putrefaction".

(vi) The time at which the post-mortem examination was commenced and the date on which it was made should be accurately entered.

(vii) After "appearances found" all particulars regarding wounds, injuries and suspcious signs, external or internal, should be concisely and sufficiently described, the site and extent of any wounds being carefully entered.

(viii) Identification and caste-marks should be entred in the office copy of the certificate.

(ix) The original certificate should be placed in a cover which should be sealed and sent direct by the Medical Officer to the Magistrate specified by the police. The police should be given the second copy of the certificate immediately the examination is over. The third copy of the post-mortem certificate should be sent to the District Medical Officer and the fourth copy retained by the Medical Officer of the Institution for record.

(x) The certificate should not be filled in until the post-mortem notes have been enter in full in ink, in the post-mortem register. This should be done at once to obviate the possibility of any delay to the delivery of the certificate to the police.

(xi) It is to be distinctly understood that the original certificate is, in all cases, to be sent by the medical officer, direct to the Magistrate, specified by the police on the day on which the post-mortem is held. In orders to faciliate the above procedure being followed the police should specify in their requisition for post-mortem examination on the Magistrate to whom the post-mortem certificate should be sent.

(xii) A certified copy of the post-mortem ceritficate marked confidential may be given to the Military Authorities on requisition.

[G.O. No. 2870, Law (General), dated 25th August 1928 and Government Memorandum No. 15456/43-2-G, P.H., dated 5th July 1943.]

622. **Instructions for filling in wound certificates.**—(i) After the words "of a " the sex of the persons should be given.

(ii) After the words "sent with" should be entered particulars of any documents received from a Magistrate or the police

(iii) When the injured persons is accompanied by a constable, the name, number and rank of the latter should be noted. If no communication in writing is received with the injured persons the facts should be noted as follows :—

"who was sent without a written communication by................................"

(iv) The exact time at which the injured person was first seen by the certifiying officer, and also the exact time at which the examination was commenced should be carefully noted and entered in the certificate

(v) Particulars of all injuries found should be continuously, but sufficiently, described in the plainest language

(vi) Medical Officer should as certain and incorporate in the certificate only the alleged cause as to the manner in which the injuries were inflicted, the weapon used and the time.

(vii) After the words "I am of opinion that" enter whether the injuries are or are not of a grievous nature, and, if the former, whether a fatal result or any permanent injury is likely to follows.

(viii) Identification and caste-marks should be entered in the office copy of the certificate.

(ix) The original certificate should be forwarded at once to the Magistrate or the Police Officer who send the injured person for examination.

(x) As the certificate has to be filled in and despatched immediately after the examination, a very carefully considered prognosis should be made, especially as regards injuries to the head or spine.

(xi) The Medical Officers should write their names in block letters below their signature.

(xii) Further details should be entered in the hospital wound register.

623. **Post-mortem registers.**—(1) In addition to the books referred to in paragraph 620 post-mortem registered should also be maintained in which all details of examination should be entered. The medical officer conducting the autopsy may dictate the rough notes as the examination proceeds, which may be entered in copying-ink pencil in the loose form by his assistance to Pharmacist. The medical officer should sign the loose forms after satisfying himself that the entries are correctly made; he himself, should copy the same in ink in bound book (Form No. M-1-28) subsequently. The loose form (Medical 1-28) should be considered as the original document liable to be produced and filed in Judicial Court, if necessary, as evidence in proof of the correctness of the entries made in the post-mortem certificates. No additions should be made to it later. The bound book is the office record.

(2) The wound register in which all the cases of wounded persons should be entered, should also be carefully kept up. Under not circumstances should any one but the medical officer in-charge have access to these records.

(G.O. No. 206, Medical, dated 7th April 1919.)

624. **Police entitled to information.**—The importance of a full and complete record of appearance observed being made immediately after the examination of the dead body of wounded persons can hardly be exaggerated, and though a medical certificate on thus records facts is not prima facie evidence it may be made so, by the medical officer who gave it sewaring o its truth and offering himself for cross-examination. Such a certificate should be a valuable guide in tracing crime, and the police are entitled to the information contained in it. In the city of Madras, such certificatas should be furnished to the police only on the written application of the inspect to of the division or the Sub-Inspector of the Station.

(G.Os. No. 928, Judicial, dated 19th April 1888, and 1851, General, dated 29th January 1903.)

625. **Oral information to the Police.—(1) In addition to granting post mortem and wound certificates, medical officers should furnish the police with all possible information calculated to assist the elcidation of the case, either orally or in writing.**

(2) Further written opinion contemplated in the proceeding paragraph should be given by medical officers, if an application therefor is made by the police in writing setting forth the circumstances of the case with reference to which the opinion is required. In furnishing the written opinion, the medical officers should invariably state in their communication to the police that the opinion is based of the facts and circumstances of the case already available and/or presented to the medical Officers the police officers in their requisition for the grant of written opinion.

(3) Answers to requisitions so made would be answers to specific questions made by the Police.

(4) Each question should be on a particular point and not involved.

(Surgeon-General's Cicular P. No. 45-E1/44, dated 6th March 1944.)

626. **Post-mortem notes to be transmitted in authorized form to Chemical Examiner.**—In all cases when suspected matters are sent to the Chemical Examiner for examination and report, the results of the post-mortem examinations if conducted, in connection with them, should be noted and forwarded to the Chemical Examiner in Form Medical No. 1-30.

NOTE.—For rules for the transmission of articles to the Chemical Examiner for anlysis-*see* paragraph 210, (Circular No. 6 of 1892.)

627. **Medical Examination of women.**—The law lays down that no person and be examined without the consent of himself or herself, if a major, of the parent or guardian, if a minor. Consent should preferably be in writing with attesting witness. It does not justify a Police Officer or a Magistrate in directing an examination by a medical officer, of a woman charged with abortion, without the consent of the woman. She cannot be compelled to undergo a medical examination.

(G.O. No. 3323, Judicial, dated 17th December 1883.)

628. **Medical examination of women in rape cases in Madras City.**—The medical examination of females in rape cases in the Madras City and determination of age should be attended to by the Resident Medical Officer of the Kasturba Gandhi Hospital for Women and Children, Madras.

(Surgeon-General's P. No. 419-E, dated 29th October 1941.)

629. **Disposal of the dead bodies by the police**—After medico-legal examination, the dead body brought by the police should be delivered to them and the police will either hand over the body to the friends or relatives claiming the body or dispose of it when unclaimed.

(G.O. No. 44, Public, dated 9th March 1896.)

630. **Supply of copies of judgements and orders to the professors Forensic Medicine.**—All Magistrates should forward to the Professor of Forensic Medicine, Madras Medical College, Madras, Stanley Medical College, Madras and Kilpauk Medical College, Madras copies of their judgments of final orders in all cases in which their evidence have been taken.

[G.O. Ms. No. 1529, Law (General), dated 2nd May 1935 and No. 3314, Law (General), dated 22nd October 1935.]

631. **Post-mortem of animals.**—(1) Post-mortem or other examinations of animals which have died under suspicious circumstances or in respect of which an offence is reasonably believed to have been committed as well as examinations of any living animal regarding which a cognizable offence resulting in serious injury to such animal is reasonably believed to have been committed should be conducted upon the lawful requisition of a police officer by the assistants in-charge of veterinary dispensaries or in place where these dispensaries do not exist the duty should be performed by Itinerating Assistants or Inspectors of the Veterinary Department, Veterinary Assistants in-charge of Veterinary Dispensaries mainatained by Government, a Municipality or Panchayat Union and the Itinerating Assistants and Inspectors of the Veterinary Department shall not be allowed to charge any fees for a post-mortem or other examination performed under this paragraph.

(G.Os. No. 1314, Judicial, dated 30th September 1909, No. 1578, Judicial, dated 18th November 1909 and No. 208, Judicial, dated 13th February 1912.)

(2) If the distance and other factors make it impossible to take the dead animal, the Veterinary Officer should proceed to the spot as quickly as possible, on receipt of a requisition from the Investigating Officer and conduct post-mortem examination.

(Government Memorandum No. 31228-13-H-3, Health, dated 29th October 1953.)

632. **Instruction to be followed in gun-shot injuries.**—The following instructions should be observed by medical officers in the case of injuries caused by fire-arms :—

If the medical officer is required to visit the scene of crime—

(*a*) Note the surrounding area to a distance of 500 yards in case of rifle ; 100 to 150 yards in the case of shot gun ; 50 to 75 yards in the case of revolver or pistol injuries and observe—

(1) The level and the inclination of the ground.

(2) The presence of pits, hollows, elevations, hillocks, rocks and other objects likely to give a vintage ground.

(3) The presence of vegetation and nature of trees, branched or unbranched, or grass and its growth whether of shrub, bramble bush, or other growth.

(4) The pathways and roadway , their location in relation to the body.

(5) The direction of slope, if any.

(6) Water courses, ponds, wells, etc., if any.

(7) Determine the points of compass regarding the area and the layout of the ground, with regard to some fixed objects.

(8) The lay-out of the body, and of the limbs (their exact position and attitude), with the help of a compass and perpendicular planes, e.g., if the body is laid out stretched, or in a heap if the arms are by the side of the trunk, or about the head or thrown out indiscriminately. The angle of the upper arm with trunk in two planes and of the forearm with upper arm. Hands if supine or prone, clenched or spread.

(9) Note if there are any foot-prints or beaten track in the vegetation.

(*b*) Examine the body without disturbing it or the surroundings and observe—

(1) The nature of clothing, shoes, etc., if any disarrangement, tears, burns, powder marks or foreign objects are present on clothing. Note the exact location with reference to anatomical points of the body. If there is disarrangements, its nature. Collect foreign objects for further examination or for exhibition in courts

(2) If there is a gap in clothes, measure with callipers, its exact dimensions, in 2 or 3 diameters. If the margin is burnt, irregular or driven into body, or if the body wound corresponds in position to gap in clothing.

(3) If there is a stain, note if it is black or grey ; if by powder or by grease or carbon or other object. Note the exact position and dimensions. The shape is of Importance. Whether it is circular around a gap and if so the breadth of the ring and the density at the inner and at the outer circumstances and in-between. Examine with a magnifying glass and note if any particles are visible and if so collect them.

(4) If the clothes are preppered with shots, small or large mote positions, dimensions, and distances from one another.

(5) Blood Stains on body and on ground. Their size, accurate shape and diametres. If there are trails, the breadth and the direction of trails in relation to the surface and the fixed points of the body. Note if stains are moist or dry.

(6) Any material flowing from mouth or nostrils direction of trails.

(7) Seminal stains—If on body or clothings ; if trails, the direction.

(8) If there are other injuries than gun-shot injuries.

(9) The direction of the face and its inclination with the body and the ground. The position of hand in relation to body. If hands are checked, contents, note particularly for singeing of hair, powder stains or burns on hands and about the gun-shot wounds.

(c) Wound—Entrance wound—

(1) Particular attention should be paid to the following points :—

(i) whether the wound is in the form of a cross-shapped tear, a clean punched hole, or an irregular hole ;

(ii) Whether there is bruising of the margins, denudation of the outer layer of the skin immediately surrounding and turning in and compression of the tissues ;

(iii) Whether there is singeing of hair and scorching or blackening of the skin surrounding the wound and the characteristic tattooing, due to grains of unburnt black powder embedded in the skin ;

(iv) Whether there is a fine ring of blackening ground the wound due to grease and metallic fouling from the bullet and to the bruising of the tissues and district from the appearances noted in the previous item ;

(v) Whether there is ploughing up and blackening of the tissues beneath ; and

(vi) Whether any particles of unburnt black powder or flakes of smokeless powder are embedded in or beneath tissues ;

(2) (i) Exact and accurate measurements should be taken if possible with callipers, of the hole proper and of the areas of erosion and the areas of discolouration surrounding it.

(ii) Examine the exit wound similarly ; note, if torn, if issues are pushed out, puckered, everted, star or cross-shaped. Note if bones are splintered and if any pieces present or if any foreign bodies present, collect them.

(iii) A wound should be examined under the lens and, in the case of murder or suspicious death, the tissue should be preserved and a microscopic and chemical examination should be made.

(d) If a weapon is found, measure the distances, without disturbance from (1) the toes, (2) the heel, (3) from the hands, (4) from the head, (5) direction it is lying, the direction of the muzzle, the handle, the trigger, with the aid of a compass ; and in relation to body.

(e) In all cases work out the angles in relation to perpendiculars and planes.

(f) Note if there is any evidence of staggering or in co-ordination in gait and note the relative position of foot-prints, or of paralysis with one side limbs flexed into abnormal positions or of rolling.

(g) Note injuries which might be due to fall a person losing consciousness generally falls forward.

(h) Note if any blood finger-prints, etc.

(i) Photographs should be taken, before body is disturbed.

(j) If a bullet is discovered outside body.—(i) The exact lay-out of the bullet, examine if the bullet is lying in line of entry and exit wounds. Connect by an imaginery line the exit and entry wounds and project it forwards and backwards and examine the area and about the line and note if bullet is lying about the projected line. Examine it with respect to wounds and to weapon if it is in line fight. If it has impinged on a wall, ground, tree or other object and if so note the angles from a horizontal or a vertical plane. Note the distance at which it is found, from the body, and from fixed objects (Several measurements have to be taken).

(ii) Describe, the size by careful calliper gauge-measurements, the shape of the bullet at its nose and at its base ; note if there are grooves and lands, if so how many. Do not insert the bullet into wounds to see if it fits.

(iii) Carefully dry bullet in air, without disturbing stains of blood or other mat and when dry wrap in cotton wool and despatch for examination for—

(1) Blood or cells and tissues of body on it:

(2) determination if recently fired or otherwise.

(3) chemical composition to know the make, and

(4) an examination if the bullet could have been fired from a particular weapon.

(*k*) Blood-stains, especially if in different Places to be collected, because they may belong to different persons in a fight. To be examined for—

(1) Blood or not.

(2) Human or non-human.

(3) To which group the blood belongs (if possible).

(*l*) Now the body is to be removed to the mortuary for a post-mortem examination—

(1) Examine the soft parts carefully ; measures the wounds with callipers and examine as directed in sub-rule (*c*) wounds above, if not already done. Fix the age of the wounds, Fix also the approximate time of death. Note if there is any process of repair and if so describe.

(2) Complete the examination of wounds without disturbing or at first incising the track (complete the post-mortem examination at throughly as possible). Then incise track and note pulping injury to vessels, etc. It should be noted whether the track of the projectile is in a direct line between the entrance and exit wounds or whether it has taken an irregular course as a result of deflection. The angle of the track should be noted.. The track should be examined particles of clothing, tissue and powder which may have been driven into it.

(3) If bones involved, describe the injuries in bone noting entry and exit wounds shelving raising an edge, grooving punching, or otherwise fracturing. Note the direction of shelving ; if flat bones are injured, note the funnelling and ring fracture especially of tables of bones of skull and measure the dimensions with calliper guages. This is important as the bore of fire-arm has a definite diametre in hundredths or thousandths of an inch and in parts of centimetres and therefore it is very necessary to get an accurate measurement of wounds of entry and of exit more specially the former.

NOTE.—In cases of murder of suspicious death, portions of fractured or penetrated bone should be preserved.

(L) Note if there is fissuring of bones about the injury proper.

(5) Examine the margins of wound for notches resulting from rifling, count them if possible and measure the distances between the edges of the notches and the breadth of the notches.

(6) If possible to note the direction of grooving, note if it is right handed or left handed.

(7) If frangments of bone are dislocated from wounds, note the direction in which they are driven (whether deeper inside body or brought more superficial). Examine cavities of body carefully for fragments of bone or tissues.In flat bones of skull, aring of bone of either internal or external table is fractured, note the dimensions.

(8) Note if the bones are still capable of exhibiting clasticity.

(9) Note the amount of loss of blood, pallor congestion of internal organs ; presence of disease, other than injuries, contents of viscera ; state of digestion.

(10) If history of case is doubtful, or if there is a probability that the injuries would have been inflicted while the deceased was in a state of unconsciousness due to poisoning or intoxication send the viscera, for chemical examination for poisons, including alcohol.

(11) Tissues along the track of a bullet wound should be sent for chemical examination for the presence of lead if necessary for all the constituents of the bullet.

NOTE. Tissues in gun shot injuries required to be examined for traces of lead should be sent to the Chemical Examiner duly preserved in stoppered glass bottles,

Eartehnware jars should not be used for this purpose as in some of these jars lead is a constituent of the Glaxe on the inner surface.

(12) Bullet, wadding, carboard, etc., should be carefully searched for, if necessary with aid of radiography, recovered, and preserved in sealed bottles as necessary exhibits. Grains of powder collected from clothes or body should be submitted for examination to determine if they are of the smokeless ,or black powder variety and also of their physical and chemical characters if necessary.

NOTES:—(i) The same procedure as adopted in the case of dead body, will be usefull in the case of an injured living man, lying on concious or unconcious in a place but this may be modified by the available evidence of locomotion could have taken place or not.

(ii) In cases of an injured brought to a dispensary or hospital the examination of the scene of crime is not to be volunteered but should be omitted and the case examined as if would case but noting all necessary details.

(iii) If a dead body wounded with fire-arms is brought to a mortuary for post-mortem examination, the examination of the scene of crime is not to be volunteered.

(iv) Scenes of crime are to be inspected on written requisitions form a Police Officer not below the rank of Station-house Officer and along with and with the Co-operation of a responsible Police Officer.

(v) Callipers, gauges, steel measures, planes will be supplied on indent.

(vi) The examination of marking on bullets and carridge cases with a view to establish the identity of the weapons from which they were fired is sometimes necessary and the opinion of an expert is a vital factor in such cases. The Chemical Examiner to Government assisted by a Sub-Inspector attached to the C.I.D. is now in a position to give such expert opinion. Application for his services should be made as laid down in clause 15(*c*) of Police Standing Order No. 588, a copy of the application being sent to the Deputy Inspector-General of Police, Railways and C.I.D., Madras and the procedure prescribed in Police Standing Order No. 577 followed. On no account should a subordinate Police Officer other than the C.I.D. Sub-Inspector referred, to be required to give expert evidence in such cases. If the Chemical Examiner to Government in consultation with the C.I.D. declares that he is not competent to give an opinion in any particular case the facts should be reported to the Inspector-General with a request for sanction to consult the Government Examiner of questioned Documents who has under gone special training in England in this field and whose services can be requisitioned under Police Standing Order No. 586, Consultation with the Government Examiner of Questioned Documents, however, is costly and may only be considered in really important cases.

(Surgeon-General's P.No. 167-E, dated 30th August 1935, and G.O. Ms. No. 3257, Home, dated 14th June 1939).

633. **Distribution of prohibition and accident cases among the various hospitals in the Madras City.**—With a view to minimize the number of Prohibition and accident cases brought by the police to the Government General Hospital, Madras and to secure an even distribution of this kind of medico-legal work among different hospitals in the City, Police stations included in each group mentioned below should arrange to send such cases to the particulars medical institution mentioned against the group :—

Group number.	*Police station number.*	*Name of the Police Station.*	*Name of the medical institution.*
(1)	(2)	(3)	(4)
I	B1	North Beach	Madras Medical College.
	B2	Esplanade	
	B3	Fort	
	C1	Flower Bazaar	
	C2	Elephant Gate	
	C3	Seven Wells	
	C4	General Hospital P.O.	
	D1	Triplicane	
	D2	Anna Salai	
	D3	Ice House	
	D4	Zambazaar	
	D6	Anna Samadhi O.P.	
	E1	Mylapore	
	E2	Royapettah	
	E3	Teynampet	
	E4	Abhiramapuram	
	F1	Chintadripet	
	F2	Egmore	
	F3	Nungambakkam	
	F4	Thousand Lights	
	G1	Vepery	
	G2	Periamet	
	J1	Saidapet	
	J2	Adyar	
	J3	Guindy	
	R1	Mambalam	
	R2	Kodambakkam	
	R3	Ashok Nagar	

(1)	(2)	(3)	(4)
II	H1	Washermanpet	Stanley Medical College.
	H2	Stanley O.P.	
	H3	Tondiarpet	
	H6	New Washermanpet	
	N1	Royapuram	
	N2	Kasimode	
	N3	Muthialpet	
	M1	Harbour	
	M2	Do.	
	M3	Do.	
III	G3	Kilpauk	Kilpauk Medical College.
	K1	Sembium	
	K2	Ayyanavaram	
	K3	Aminjikarai	
	K4	Anna Nagar	
	K6	T.P. Chatram O.P.	
	P1	Pulianthope	
	P2	Otteri	
	P3	Vysarpadi	

NOTES.—(1) Wherever hospitalisation is necessary for cases sent by the Police to the Government Dispensary, Saidapet, they should be transferred to the Government Royapettah Hospital, Madras, for admission and treatment after preliminary examination and first said.

(2) The above arrangement has the approval of the Inspector-General of Police, Madras.

(D.M. 5 circular P. No. 349-G1-52, dated 31st October 1952 and letter Rc. No. 20857/F1-76, dated 25th March 1976 of the Commissioner of Police, Madras.

634. **Medical opinion and certification regarding drunkenness in prohibition offences.—**The following procedure should be adopted in the matter of giving opinion and certifications of drunkenness in prohibition offences :—

(i) What is considered as smell of liquor in the breath is mainly due to the excretion of alcohol and other substances like Esthers, through the respiratory tract, and hence only after a short time, about 5 minutes or more, can this smell be detected in the breath. Of course, the local presence of the liquor in the mouth, can also produce a smell. Smell in the breath may continue for several hours as long as there is enough alcohol in the blood. Proprietory medicine and any preparations containing a fair percentage of alcohol ought to produce the smell in the breath after absorption. Such preparations as are alleged to be responsible for similar smell may be sent to the Assistant Chemical Examiner attached to Board's Laboratory at Madras for estimation of their alcoholic content.

(ii) It does not appear quite scientific to depend entirely on the smell for certifying the alleged offenders because even badly fermented rice may produce the smell when taken in. The chemical examination of the stomach wash, urine and blood ought to be the scientific basis for giving the final opinion in such cases.

(iii) (*a*) With regard to the detection of drunkenness, the following tests may be made use of :—

(1) Make him pick up match sticks or pins from the ground.

(2) Make him repeat some test words and phrases in the local language.

(3) Make him try and stand steady with the eyes shut.

(4) Make him walk along chalked line using controls.

(5) Make him light a beedi or cigarette.

(6) Test his memory of recent events.

(7) It is however pointed out that the symptoms during the first stage, i.e., stage of excitement are subjective and hence diagnosis is not practicable and only in the next stage of "confusion" It is possible to note the change mentioned above.

(iv) Certificate of drunkenness should be granted in medical form 1 66 C.

(v) The Medical Officers may give additional information either orally or in writing to the investigating officer on the drunkenness certificates also. However in cases where the Medical Officers consider that they should obtained the opinion of the Senior Medical Officer or specialist on certain aspects before giving information to the investigating officers, the Medical Officers should act *immediately* without any loss of time. They should send the reply or give additional information as quickly as possible since the delay will hamper the progress of investigation. The senior Medical officer or a specialist should furnish the required particulars and opinion *immediately* on the points raised by the Junior Medical Officer without any loss of time.

(Surgeon-General's circular P. No. 269-A/48, dated 24th November 1948, Surgeon-General's circular P.No. 11-E2/49, dated 5th February 1949 and Director of Medical Services P. No. 205/ME/62, dated 27th November 1962.)

635. **Instructions for sending samples of urine and blood to the Boards' Laboratory in cases of drunkenness.**—(1) The Assistant Chemical Examiner attached to the Board's laboratory is authorised to analyse blood and urine samples and also conduct testing of stomach wash in suspected cases of drunkenness provided that such blood, urine or stomach wash are not demanded as a matter of right but obtained from the accused persons by persuation informing them that such samples are proofs which would serve in their own interest and as such they might give.

(2) Analysis of blood and urine for alcohol should be done with the least possible delay, after the specimens have been removed from the body of the suspected individual. Alcohol in such specimens is likely to decompose and escape detection, unless they are properly preserved and sent immediate to the Boards' laboratory for analysis. A suitable preservative for such specimen is solid sodium chloride, as supplied by Medical Stores Depot. The following instructions should be observed—

(*a*) In the case of blood specimens.—Cleanse the skin surface on a peripheral vein with soap and water and draw about 5 c.c. of blood from the vein with a graduated syringe sterilized in boiling water. Alcohol or other antiseptics containing alcohol should not be used either for cleansing the skin before puncture or sterlizing the syringe. The blood so drawn is quickly transferred to a test tube containing about two pinches of pure solid sodium chloride. The test tube should be shaken well and then closed tightly with cork to avoid leakage, sealed and properly labelled giving the name of the individual from whom the blood was taken and the exact volume of blood contained in the test tube.

(*b*) In the case of urine samples.—At least one to two ounces of urine, if available, should be collected in a clean bottle and sufficient pure solid sodium chloride added to saturation, i.e., till a little of the salt remain undissolved. The bottle should be securely sealted and labelled as in the case of blood, giving the exact volume of urine in the bottle and the name of the persons from whom the urine is drawn or taken.

NOTE.—The quantities of blood and urine suggested above the are for the Southgate's method of estimating the alcohol.

(G.O. No. 23, Development, dated 2nd January 1952, and Director of Medical Services' Circular P. No. 189-M/52, dated 23rd May 1952.)

636. **Issue of wound and drunkenness certificates by registered practitioners of Indian Medicine.**—"A" Class practitioners of Indian, Medicine are not prohibited under the existing law from issuing ordinary wound certificate or drunkenness certificates to be produced in court s and their services may be requisitioned by the Police for the issue of such certificates in places where practitioners of modern medicine are not readily available. It will however be fore the course to decide whether the certificates produced before them are to be accepted or not with reference to the evidence adduced.

NOTES.—(1) L.I.Ms. while signing certificates should not style themselves merely as Registered Medical Practitioner but note the word 'Ind., after the expression "Registered Medical Practitioners" or call themselves as "Registered Practitioners of Indian Medicine"

(2) For administrative and medico-legal purposes, the staff teaching modern medicine subjects, viz., Professor's, Assistant Professors and Tutors in the College of Indian Medicine shall be deemed to hold the status of Assistant Surgeon.

(G.Os. No.2199, Public Health, dated 17th June 1949, No. 3307, Health, dated 25th September 1951, and No. 3308, Health, dated 25th September 1951, and Government Memorandum No. 36365-I/50-18, Health, dated 28th February 1952.)

637. **Issue of wound or drunkenness certificate by Homeopathic medical practitioners prohibited.**—Police officers should refrain from sending any requisition to practitioners of Homeopathic system of medicine for medicolegal work or for the grant of wound or drunkenness certificates.

(Surgeon General's Circular P. No. 161—E2 of 1944, dated 30th April 1945.)

638. Treatment of wound injuries sent by the Police.—Wounded persons sent by the Police for treatment and certificate should be attended to promptly. They should be carefully examined and given necessary treatment immediately, neglect of treatment in such cases will entail in serve disciplinary action.

(P. No. 39-E-2, dated 5th May 1944.)

639. Issue of wound and drunkenness certificates by Railways Medical Officers at certain place.—(1) At the following places wound and drunkenness certificates may be obtained by the Police from the Railways Medical Officers:—

1. Katpadi
2. Tambaram
3. Golden Rock
4. Salem Junction
5. Podanur.

(2) Fees at the following rates should be paid to the Railway Administration in respect of certificates issued by the Railways Medical Officers:—

Wound Certificate—Rs. 10 for each case (including treatment).

Drunkenness certificate—Rs. 4 for each certificate.

(G.O. No. 2430, Home, dated 18th June 1951.)

640. Deleted.

641. Procedure for the exhumation of the remains of deceased persons for the purpose of reburial in another place or exportation abroad.—The State Government may authorise the exhumation of the remains of any deceased persons interred in a cemetery on the application of the relations or other interested persons, submitted through the officer in admisinistrative charge of the cemetery, subject to the observance of the following conditions:—

(1) that a certificate of the cause of death is obtained from the Chief Medical Officer of the station showing that no risk to public health will be incurred by the disinterment;

(2) that the grave is well soaked a day before the disinterment with a solution of perchloride of mercury of the strength of 1 in 1,000;

(3) that, while the grave is being disturbed, it is frequently sprinkled with mercury lotion of the above strength;

(4) that the persons of grave diggers should be washed before and after the disinterment with a solution of perchloride of mercury of the strength of 1 in 5,000;

(5) that the remains of the deceased are encased in a strong zinc covering prior to the removal from the cemetery after exhumation.

(6) that a medical officer is present at the disinterment in order to ensure that the above precautions are taken;

(7) that where necessary a Faculty is obtained from the Bishop of the Diocese concerned:

(8) that the date and time of disinterment are intimated sufficiently in advance to the Chief Medical Officer of the station and the chaplain in-charge of the cemetery;

(9) that all expenses connected with the exhumation are borne by the party applying for exhumation; and

(10) that the permission of the Government of India is obtained in cases where an exhumation is proposed to be made for the removal of the dead body outside India.

[G.O. No. 29, Finance (Excise Statistical), dated 1st May 1933 and No. 1379, P.W. dated 19th ay 945.]

CHAPTER XVIII.

Section 1.

PRIVATE PRACTICE AND FEES FOR PROFESSIONAL ATTENDANCE OR OTHER PROFESSIONAL SERVICES RENDERED.

642. **Private practice.**—(*a*) The following members of the Tamil Nadu Medical Service shall not engage themselves in private practice:—

Director of Health Services and Family Planning.

Director of Medical Education.

Director of King Institute, Guindy.

Deputy Director of Health Services and Family Planning (Medical).

Deputy Director of Health Services and Family Planning (E.S.I.).

Deputy Director of Health Services and Family Planning (Family Planning).

Deputy Director of Health Services and Family Planning (Leprosy).

Assistant Director of Health Services and Family Planning (Medical-I).

Assistant Director of Health Services and Family Planning (Medical-II).

Assistant Director of Health Services and Family Planning (P & D).

State Tuberculosis Officer.

Assistant Director of Health Services and Family Planning (Inspection Cell).

Assistant Director of Health Services and Family Planning (Family Planning).

Assistant Director of Health Services and Family Planning (IUCD and Training).

District Family Planning Maternity and Child Health Officers.

Special Officer for Leprosy Beggar Rehabilitation Home.

Assistant Director of Health Services and Family Planning (E.S.I.).

Personal Assistant to the Deputy Director of Health Services and Family Planning (E.S.I.)

Assistant Directors, King Institute, Guindy.

Medical Officer, Madras City Police Hospital, Madras.

Civil Surgeons or Assistant Surgeons holding sanctioned posts of Resident Medical Officer, in hospital including Assistant Resident Medical Officer in the Government General Hospital, Madras.

Assistant Surgeons, in the King Institute, Guindy.

Assistant Surgeons, employed, in the Jail Department.

Assistant Surgeons, Police Hospital, Coimbatore.

Reader in Pharmaceutics and Pharmaceutical Chemistry, Medical College, Madras.

Assistant Reader in Pharmaceutics, Medical College, Madras.

Assistant Reader in Pharmacognosy, Medical College, Madras.

Non-Medical Assistant to the Reader in Pharmacology, Madras Medical College, Madras.

Assistant to the Serologist Institute of Venereology, Government General Hospital, Madras.

Bio-Chemist, King Institute, Guindy.

Bio-Chemistry, Institute of Obstetrics and Gynaecology, Government Hospital for Women and Children, Madras.

Senior Chemical Assistant (Sterile Solution Section), King Institute, Guindy.

First Physicist.

Second Physicist.

Assistant Surgeon, Public Health Laboratories.

Non-Clinical Readers (Professors, Additional Professors, Associate Professors), Lecturers, Assistant Professors and Tutors and Dietitians in Government Hospitals.

Deans of Medical Colleges, Directors of Upgraded Institutes.

(*b*) (i) Other members of the service shall be allowed consulting practice.

Explanation.—For the purposes of this sub-rule, "consulting practice" shall mean—

1. Examination in the members' own private consulting room, or at any place other than the Government institutions in which the members is employed, of patients brought or introduced by a registered practitioner :

Provided that it shall be open to the member to take up the case of a patient who has not his own general practitioner and who wishes to seek medical aid in an emergency even though the patient has not introduced to him by a registered practitioner.

2. Treatment of patients at the request of or in the presence of a registered practitioner;

3. Operations in a patient's house or in a nursing home or elsewhere than in the Government Institution in which the members is employed with the intervention of a registered practitioner.

NOTE.—A patient may be treated after an operation but shall be handed over to the registered practitioner from the commencement of of convalascence.

4. Scrutiny of medical certificates of proposers for policies in insurance companies and giving expert opinion on them;

5. (A) Issue of certificates to applicants for Postal Insurance mentioned in paragraph 508 of the Tamil Nadu Medical Code, Volume I, and for insurance polices in private companies; and

(B) Issue of certificates to persons examined or treated by a member of the service in his official capacity during the course of his duty.

NOTE.—These will include medico-legal, wound, death and other such certificates and also certificates of physcial fitness prescribed for candidates who apply for Government service, but not certificates in cases where a member of the service is not required to perform any duties in his offical capacity.

(ii) A member of the service referred to in clause (1) employed in a place where no other medical practitioner is available may attend on an urgent case if suddenly called on to do so, but such attendance shall be independent of any consideration of fees that might be paid by the parties concerned and shall be without prejudice to the member's regular duties and subject to such instructions as may be issued in that behalf by the Director of Health Services and Family Planning, or the State Government. If after attending on any such case, the member finds that the party concerned can pay he may send a bill for his services.

(iii) Members of the service referred to in claue (1) shall comply with all urgent calls for attendance in labour cases. Where the party concerned is able to pay the cost, a bill may be sent.

(iv) Members of the service referred to in clause (i) may attend on members of the families of the those who are entitled to free medical attendance.

(v) In this sub-rule, the expression, "Registred Practitioner" shall mean a registered private medical practitioner within the meaning of the Tamil Nadu Medical Registration Act, 1914.

(vi) Nothing contained in this sub-rule shall apply to cases governed by the Secretary of State's Service (Medical Attendance) Rules, 1938.

(C) The following members of Service shall be allowed to engage themselves in private practice outside the duty hours if, such practice would not interfere with efficient discharge of their official duties and if such interference occurs such practice shall be restricted to such extent as deemed fit—

Readers in Dental Surgery.
Assistant Readers in Dental Surgery.
Assistant Dental Surgery.

(Rule 13 of the rules relating to the Tamil Nadu Medical Service in Tamil Nadu Services Manual, Volume I.)

643 **Recourse to court of law for recovery of fees.**—Permission to be sought for—No Medical Officer shall have recourse to a Court of law for the recovery of a fee except with the previous permission of the Director of Health Services and Family Planning or of the executive authority of a Municipality or the Chairman, Panchayat Union as the case may be.

(G.O. No. 865, Public, dated 13th August 1896.)

644. **Private Practice of Medical Officers in Panchayat Union and Municipal institutions.**—(1) Medical Officers employed by Panchayat Unions and Municipal councils will be allowed to attend on patients at their own houses when this can be done without prejudice to their public duties, and to charge fees for such attendance.

(2) In municipalities, the private practice of medical officers should, as a general rule, be restricted to municipal limits, and in other towns and villages to such area in the neighbourhood of the hospital or dispensary as may be fixed by the Panchayat Union concerned. Attendance on patients other than Government servants living beyond those limits will not be permitted except in conformity with the conditions which the Panchayat Union or Municipal council concerned may prescribe or with the special sanction of the president or tne executive authority, unless in cases of grave emergency when the medical officers may proceed in anticipation of such sanction.

(3) Panchayat Unions and Municipal Councils should fix the maximum distance to which the medical officers may go or the maximum time for which they may leave their hospitals or dispensaries to attend in emergent cases on patients living beyond the limits referred to in clausel (2) above, when their doing so involves their leaving the hospitals or dispensaries without a medical officers incharge . Care should be taken that during the absence of medical officers on such occasions, Pharmacists are not permitted to dispense medicialnes or treat patients. (*See* paragraph 291).

(4) If, in the case of any visit paid beyond the limits referred to in clause (2) above, a medical officer is not able to recover the fee due to him owning to the poverty of the patients, the panchayat union or municipal council within whose area the patient resides, may, if it sees fit, pay the medical officer the travelling allowance ordinarily admissible for such journey.

(G.Os. No. 1764, L. dated 23rd September 1895, No. 239, Public, dated 4th March 1912. No. 1366 Public Health, dated 3rd April 1940 and No. 3855, Public Health, dated 22nd August 1940).

645 **Private practice of Medical Officer employed in Radiological Departments.**—(1) Medical Officers employed in the Barnard Institute of Radiology, Government General Hospital, Madras, and those employed in Radiological departments of other Government medical institutions on a whole-time basis should not engage in any sort of private practice in the medical institutions in which they are employed or share any portion of the fees derived from X-ray and electrical work done in those institutions.

(2) They will be allowed only consulting practice in their speciality using for the purpose their own apparatus. The term "Consulting practice in the Speciality" will mean (i) the examination and treatment of patients with the Radiologist's own apparatus in his consulting room which would mean his own house or some place used as a consulting room other than the Government medical institutions in which he is employed and (ii) examination of patients elesewhere than in his consulting room or the Government institution in which he is employed at the request of or in company with a registered practitioner.

(G.Os. No. 1369, Public Health, dated 4th July 1934 and No. 5068 Public Health, dated 28th October 1940.)

646, **Maintenance of private nursing homes—Prohibited.**—(1)No Medical Officer shall maintain or have financial interest in a private nursing home, hospital, or similar establishment; nor shall be habitually accommodate paying patients in his own residence for more than 24 hours.

(2) A half yearly return to the effect that medical officers are not running any private nursing home of their own or have any interest in nursing homes should be submitted to the Director of Health Services and Family Planning.

(G.Os. No. 825, Public Health, dated 8th April 1935, No. 751, Public Services), dated 21st April 1937, and No. 1034, Public (Services), dated 7th June 1937 and Government Memorandum No. 29361-1-D-1 Public Health, dated 16th August 1940)

647 **Commission on prescriptions—Prohibited.**—Medical Officers are prohibited from accepting commissions from private firms on their prescriptions.

(G O. No. 141, dated 6th September 1899).

648. Fees for private practice.—The settlement of fees with private patients is left unfettered by rule.

(G.O. No. 289, Public, dated 4th March 1912.)

649. **Loan of Hospital instruments and dressing for private cases.**—(*a*) Medical Officers who are allowed the privilage of private practice should not treat private cases, for which they have received fees, in the hospitals or dispensaries to which they are attached. Medical Officers attached to Government medical institutions who are allowed the privilage of private practice and registered medicalpractitioners (of modern medicine) in general may be given the loan of hospital instruments and be supplied with dressings from the hospitals for use in connection with their private case subject to the following conditions :—

(1) that the instruments and dressings can be spared without detriment to the hospita work;

(2) that the medical officers and the practitioners shall be responsible for the safe custody of instruments and shall make good and loss or damage from whatever cause; and

(3) that they shall pay the following charges, namely :—

(i) For surgical and other instruments—A minimum of Rs. 10 and a maximum of Rs. 30 for every 24 hours or part thereof, for a set of instruments taken at a time, without reference to their value alone and considering the number of instruments required.

(ii) For dressings—A minimum of Rs. 3 and a maximum of Rs. 5.

(iii) For oxygen gas cylinders.—The actual cost of refilling with gas plus railways freight and other transport charges incurred plus the charges fixed in item (i) above.

(iv) For Intravenuos set.—A sum of Rs. 3 for 24 hours or part thereof for each I.V set whenever blood is sold.

(v) (1) For fresh blood Rs. 24 (Rupees twenty-four only) per bottle.

(2) For blood Plasma Rs. 60 (Rupees sixty only) per bottle.

(D.M.S.P. No. 22/M.E. II/66, dated 18th February 1966.)

(G.O. Ms. No. 231, Health, dated 15th February 1966).

(*b*) The following procedure shall be adopted in regard to the collection of charges and the prompt return of the instruments taken on loan—

(1) A deposit equal to the normal charges due for the days for which the instruments are required will be levied in advance; and

(2) An amount equal to 50 per cent of the normal charges fixed in each case, will be levied as penal charges in addition to the normal charges for each day of delay after the due date, the total period being limited to seven days.

(*c*) A register of loan of instruments, oxygen cylinders and supply of dressings to medical officers shall be maintained in the form given below in order to ensure that instruments have been returned in good condition and that the amounts due to Government at the rates prescribed have been realised brought on to the cash book and accounted for.

FORM

(1) Serial No.

(2) Name of medical officer to whom supplied.

(3) Particulars of supplies made.

(4) Date and hour of supply.

(5) Date and hour of return (wherever necessary).

(6) Condition of the instruments and oxygen cylinder when returned.

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(7) Fess Collected.

(8) Date of credit in the Cash book.

INITIALS OF THE SUPERINTENDENT.

Surgeon-General's P. No. 30, Accts, dated 10th March 1944 Surgeon-General's P. No. 112-A/46, dated 21st May 1946, G.O. No. 2254, Health, dated 22nd June 1950 and Director of Medical Services Circular P. No. 233-A-2, dated 7th September 1951.)

SECTION 2

FEES FOR POST MORTEM AND MEDICO-LEGAL CERTIFICATES.

650. **Fee for Post Mortem and Medico Legal Examinations.**—(1) A Civil Surgeon of an officer in medical charge of a district a or civil station shall be entilled to a fee of Rs. 16 for condncting a post-mortem examination and to a fee of Rs. 10 for conducting a medico-legal examination other than a post-mortem examination in cases not falling within the ordinary discharge of hn duties, whether or not he is required to give evidence a in court of justice in connection with such examination.

(G.Os. No. 570, Public, dated 19th July 1882, No. 903, Public, dated 6th September 1882, No. 422, Public, dated 4th March 1884 and No. 834, Public, dated 21st November 1906 and . Surgeon-General's Circular No. 16, dated 28th February 1910.)

(2) A fee of rupees four may be paid to other medical officers for conducting post-mortem or medico-legal examinations in similar circumstances. When such officers are required to give evidence in a court of justice, they shall not be entitled to any remuneration in addition to the fee above mentioned other than the usual expenses paid to a witness.

(G.O. No. 422, Public, dated 4th March 1884.)

NOTES.—(1) The remuneration payable to honorary medical officers for conducting post mortem or medico-legal examinations shall subject to the provisions of clause 6 below be regulated by clause (2) above.

(ii) The grant of death certificates in respect of patients dying in a State hospital required for special purposes e.g., those required for life insurance purposes or in respect of probate Letters of Administrations Succession, etc., is a work of non-professional, nature coming within the scope of the term " medico-legal examination " .The entire fee realised for this work may be retained by the medical officer who gives the certificate.

[Government of India (Education, Public Health and Lands Department) Letter No. F-20-4/37, dated 20th March 1937 and Surgeon-General's P. No. 205-A, dated 23rd August 1937).

(iii) District Superintendent of Police and District Prohibition Officers may sanction the payment of fees at the rate of Rs. 4 for each certificate issued by the Registered Medical Practitioners including Rural Medical Practitioners and Honorary Medical Officers in-charge of medical institutions after examination of persons changed under the Tamil Nadu Prohibitions Act, 1927 (Tamil Nadu Act X of 1937) on requisitions sent by the Police or the Excise Officers.

(G.Os, No. 2324, Revenue, dated 3rd September 1949 and No. 3894 Home, dated 27th September 1949.)

(iv) In cases in which a private institutuion incurs any expenditure out of its funds in connexion with such examinations, the District Magistrate may sanction the expenditure actually incurred by the institution, subject to a maximum of Rs. 5 in each case.

(G.O. No. 619, Public, dated 18th June 1926.)

(3) Medical Officers join by Government to Panchayat Unions and those employed by panchayat unions in the medical institutions under the control which receive contribution from Government will be required to perform these examinations as part of their regular duties without any rnmueeration.

(4) Medical Officer (including Women Medical Officers) employed in Panchayat Union and Municipal Medical Institutions, which do not receive contribution from Government should do post-mortem and other medico-legal work, whenever called upon and fees at the above rates shall be payable to the Panchavat Union concerned and not to the medical officers themelves.

G.O. No. 4093, Public, Health, dated 4th September 1940 and No. 3705, dated 2nd October 1949.

(5) When the authorities of any State included in Part B of the First Scheduled to the Constitution of India apply to a Medical Officer of the Government of Tamil Nadu for a wound certificate in respect of a patient belonging to that State whose post-mortem or medico-legal examination, or whose examination and treatment was undertaken by a medical officer of this Government as part of his regular duties, fees should be recovered from the authorities of that State at the following rates :—

(*a*) Examination report and certificate—Rs. 3 a day.

(*b*) Attendance on cases in hospital—Re. 0.50 paise a day.

(*c*) Attendance at court—Rs. 5 a day.

(*d*) Post-mortem examination and report—Rs. 10.

(*e*) For servant to assist in post-mortem examination—Rs. 2 a day.

The entire fee so recovered should be credited to the Government and no portion of any such fee should be drawn by the Medical Officer concerned.

(6) District Superintendents of Police may sanction the payment of fees to honorary medical officers appointed to Government hospitals and medical practitioners appointed by Panchayat Unions to hold charge of their medical institutions for wound and post-mortem certificates issued by them and to rural medical practitioners for wound certicates issued by them at the instance of the Police subject to a maximum of Rs. 10 for each certificate and also subject to the following conditions :—

(*a*) That Police officers should as far as possible refrain from sending any requisition to rural medical practitioners for medico-legal work ;

(*b*) That when once a requisition is sent and the rural medical practitioner grants a certificate he should be paid a standard fee of Rs. 10 for each would certificate ; and

(*c*) That the standard fee referred to in clause (*b*) above should not be subject to any conditions ; but if in any case a rural medical practitioner is adversely criticized by a Magistrate suitable action should be taken aginst that practitioner.

(G.O. No. 6167, Home, dated 19th December 1941 and
No. 822, Home dated 16th March 1946.)

651. (*a*) **Fees for certificates, etc., on matters of public interest.**—Medical Officers who are public servants shall in no case receive any fee from the public revenues for giving certificates, opinions or evidence regarding any proceeding of public interest such as inquests or judicial inquiries.

(G.O. No. 345, Medical, dated 19th July 1918.)

NOTE—The above ruling applies also to any proceeding of public inteerst occurring within the jurisdiction of another State Government.

(G.O. No. 289, Public, dated 29th April 1909.)

(*b*) **Fees for private certificates, etc**—A fee may be charged, subject to the provision of clause (*d*) below, for a certificate of opinion given by a medical officer in Government, Municipal or Panchayat Union service at the instance of a private person treated or examined by him in his official capacity for any purpose whether it be in connection with a civil or criminal proceeding or not and the fact that such person was treated in a State, Municipal or Panchayat Union hospital shall not exempt him from the payment of such fee to the certifying officer. When such a certificate or opinion is given by a Civil Surgeon, he shall be entitled to a fee at the usual rate of remuneration admissible to him in the case of an ordinary certificate :

Provided that where a private person pleads that from poverty he cannot pay the fee demanded, the medical officer shall not therefore, refuse to treat or examine such person and shall record the results of the examination. He may, however, in such cases refuse to grant a certificate without the payment of a fee, but if he does so, he shall record his reasons for such refusal:

Provided further that a medical officer shall not levy a second fee for giving evidence in a court to prove a certificate or opinion previously given by him to a private person and for which he has already received a fee. There is, however, no objection to a medical officer taking a fee from a private person for giving evidence in a court in cases in which the officer has not obtained a fee before hand for consultation or for certificate in regard to the same matter and in which he has been summoned to give evidence in court by that person and not by the court or another party,

(c) A medical officer shall not be at liberty, by directing the applicant in the first instance to produce an order from the Police or other wise to postpone treatment or an examination he may be called on to make. If a medical officer in such cases apprehends an improper use of his services or possible danger to himself, he should take precautions by the attendance of witnesses for his protection.

(d) Notwithstanding anything contained in the above rules, no fee shall be charged by medical officers for certificates granted with reference to Section 37-D of the Merchant Shipping Act, 1923, on the requisition of the port autorities.

(G.O. No. 345, Medical, dated 19th July 1918.)

Section 3.

FEES FOR EXPERT EVIDENCE.

652. **Expert opinion.**—When the law officers in the City of Madras require expert medica opinion in important cases, they should apply to the Director of Medical Education who will nominate the officer under his control in the City, who, in his opinion, is best fitted to give the assistance required.

[G.O. No. 217, Judicial (Magistrate), dated 22nd May 1923.]

653.—**Expert evidence at the instance of a private party.**—(i) If a medical officer in Government employ is approached by a private party with a view to giving expert evidence in a case in which he has not been professionally engaged, he shall, if it be a matter, that is, or likely to be, in issue in criminal proceedings or if it be a civil suit to which Government is a party, refuse to give any opinion and shall confine himself informing the private party that he will be prepared to give evidence provided that a summon is sent to him from the court concerned.

(G.O. No. 260, Medical, dated 6th June 1918.)

(ii) If in the circumstances contemplated by sub-paragraph (i) the receives a summon to attend a court he shall without delay intimate the fact to the Director of Health Services and Family Planning/Director of Medical Education and the District Magistrate of the district in which the court is situated and in the City of Madras to the Commissioner of Police.

(G.O. No. 194, Public Health, dated 5th March 1924.)

(iii) If he gives expert evidence in any criminal case or in any civil suit in which Government is interested and in which he has not been summoned at the instance of the State he shall report the fact to the Director of Health Services and Family Planning/Director of Medical Education and furnish him with a statement of all fees and expenses and all other remuneration which he has received in respect of the matter, including therein all the fees paid for a preliminary opinion.

654.—**Fees for expert evidence in court of law—Acceptance by medical officers—Procedure.**—(1) The following procedure should be adopted in regard to acceptance of fees by Medical Officer, in civil employ for giving evidence in a court of law:—

(a) If a medical officer is summoned by a Court at the instance of the court he should be treated as being on duty and should be allowed to draw travelling and subsistence allowance if the court is situated away from his headquarters; if the court is situated at his headquarterts he should not be paid anything ; and

(b) If such an officer is summoned by the court at the instance of a private person or party such attendance at court should be regarded as private practice of the nature of expert evidence and should be regulated as follows :—

(i) The officer may accept such fee as Government may permit him to accept having regard to his eminence in medical profession, the importance of the case and the distance of the court from his headquarters.

(ii) In each such case the officer should apply to Government for sanction.

(iii) The Government would in according permission be at liberty to recover from the fee such amount as may be considered reasonable for the loss of the officer's time, in the event of his attendance at the court interfering with the performance of his official duties.

(iv) The officer's travelling and subsistence allowance would be paid by the private person or party at whose instance he may be summoned.

(2) Medical Officers will not be allowed to apply for leave of any kind other than casual leave merely for the sake of giving expert evidence in a court of law.

(G.O. No. 2525, P.H., dated 2nd October 1937.)

Section 4.

FEE FOR ATTENDANCE AT JAILS.

655. **Deleted.**

656. Fees for medical treatment of emergent cases in sub-jails.—The Jail authorities may pay a consolidated remuneration of Rs. 3 a day to honorary private medical practitioners for treatment the grant of medical certificate, if any, and another travelling expenses for journeys to and from sub-jails for the treatment of serious cases in sub-jails in emergencies during the absence of the paid medical officers in charge of the institution. If the services of honorary medical officers who are appointed to paid posts in Government medical institutions and are in receipt of honorarys are utilised for the purpose, they should be allowed only actual expenses incurred for the journeys to and from item 9 (D) of appendix 15 to the Tamil Nadu Financial Code, Volume 2.

(G.O. No. 1335, Public Health, dated 1st April 1940.)

Section 5.

FEES FOR OTHER MISCELLANEOUS EXAMINATIONS.

657. Fees for the medical examination of applicants for Post Office Insurance Fund.—(*a*) Medical examintion of proposers to the Post Office Insurance Fund shall be made as indicated below—

(i) For insurance up to Rs. 1,000.—A Medical licentiate employed in a Government or municipal dispensary nearest to the place of duty of the proposer.

(ii) For insurance upto Rs. 2,000.—A Medical graduate employed in a Government or municipal dispensary nearest to the place of duty of the proposer.

NOTE.—Medical examination of proposers for an assurance above Rs. 2,000 must be made by the Civil Surgeon or such other Gazetted Medical Officer as may be designated for the purpose. The medical examination of proposer serving with Indian Missions abroad will be conducted by the Government of India Medical Officers attached to such missions. At places where such medical officers are not station, the medical examination will be done through the doctors authorized by the Government of India to treat India-based staff. In very exceptional cases the Postmaster-General may relax the rule.

(*b*) The medical officers concerned will receive a fee for each medical examination at the following rates :—

(i) Civil Surgeons or such other Gazetted Medical Officers as may be designated for the purpose or the medical officers attached to the Indian missions abroad—Rs. 4.

(ii) Medical Graduates in Government or Municipal Employ—Rs. 3.

(iii) Medical Licentiates in Government or Municipal Employs—Rs. 2.

[Government of India Ministry of Finance (Communication) Letter No. D8971-C-1/51, dated 7th December 1951 and Tamil Nadu Government Public Works Department Endt. No. 6501-F/52-1, dated 8th February 1952.]

658. Fees for University examinations, etc.—The acceptance by medical officers of offers of examinerships and of remuneration therefor and of fees for contributing articles of scientific and literary, nature to journals is governed by the subsidiary rules framed by the Government under rules 46 and 47 of the Fundamental Rules.

659. Fees for examination for physical fitness, age, etc., of candidates for admissions in educational institutions.—A fee of Rs. 4 may be charged by medical officers for examining candidates for physical fitness certificates, age, etc., for admission in educational institutions such as Government technical colleges or training schools.

(G.O. No. 109, Health, dated 16th January 1935.)

660. Fees for medical examination of private employees.—(1) Private employees who send their employees to Government medical officers for examination and/or issue of certificates, should be required to pay fees at the rate of Rs. 16 per candidate for examination done by Medical Officers of the status of a Civil Surgeon and at Rs. 5 per candidate in respect of examination done by Medical Officers of the status of an Assistant Surgeon. If the examination of the employee is done at the Government Medical Institution, the entire fee should be credited to the Government but if it is done at the Medical Officer's residence or consulting room, the Medical Officer will be allowed to retain the entire fee.

(G.O. No. 2129, Public Health, dated 3rd July 1952.)

(2) The employees should be required to pay a fee of Rs. 36 if they are examined by a Medical Board, 25 per cent of which should be credited to Government and the balance distributed among the members of the Medical Board.

(G.O. No. 2103, Pubic Health dated 1st June 1953.)

CHAPTER XIX.

MEDICAL AND OTHER STORES.

Section I.

GENERAL.

661. Control of Medical Stores Depot, Madras.—The Medical Stores Depot in Madras is under the direct control of the Director-General of Health Services, New Delhi. The Director of Health Services and Family Planning Director of Medical Education can correspond direct with the Deputy Assistant Director-General, Medical Stores Depot, Madras, regarding matters connected with the issue of drugs and stores to medical institutions under their control.

(G.O. No. 950, Public, dated 3rd September 1896.)

(G.O. No. 2764, Public Health, dated 5th August 1939.)

662. Supply of medicines.—Medical supplies are obtained in the following ways :—

(i) From the Medical Stores, Depot, Madras ;

(ii) by local purchase ;

(iii) by an indent on Director-General of Stores, London, through the Director of Health Services and Family Planning / Director of Medical Education in special cases ; and

(iv) in the case of certain officer by direct purchase of abroad ;

(v) From Indian Drugs and Pharmaceuticals Limited, Madras.

(vi) From Tamil Nadu Dadha Pharmaceuticals, Madras.

[G.O. Ms. No. 1428 (H), dated 27th June 1972 and

G.O. Ms. No. 60-A, dated 9th January 1974.]

(vii) Rate contract ;

(viii) Hindustan Anti-biotics Limited, Pimpri.

662. A. Purchase of drugs and medicines from Indian Drugs and Pharmaceuticals Limited, Madrasl Hindustan Anti-biotics Limited, Pimpri and Tamil Nadu Dadha Pharmaceuticals Limited. Madras.—(1) All the District Medical Officers in the districts, Superintendents or Deans of Government Hospitals, in the City and Heads of Teaching and Non-teaching hospitals headed by Civil Surgeons in the Moffussil (e.g., Superintendent, Chingleput Medical College Hospital, Chingleput, the Dean, Government Erskin Hospital, Madurai, the Superintendent, Government Tuberculosis Sanatorium, Tambaram, R.M. Hospital, Thanjavur etc.) may pass the bills relating to the purchase of anti-biotics from Hindustan Anti-biotics Limited, Pimpri and also the bills relating to purchase of drugs and Medicines from the Tamil Nadu Dadha Pharmaceuticals Limited, Madras without any ceiling on the amount, provided they have funds at their disposal and subject to the following conditions:—

(i) The indent for the purchase of anti-biotics should be placed with the approval of the officer not lower in rank than that of a Civil Surgeon,

(ii) At the time of placing the indents it should be scrutinised whether the anti-biotics intended for, are quite essential and an essentiality certificate should be furnished to that effect.

iii) The amount to be incurred should be within the allotted budget provisor under the sub-head "Medicines and Hospital necessaries".

(iv) If the budget provision is exceeded, prior permission of the competent authority should be obtained before placing necessary indents.

Severe action will be taken against officers who exceed the allotment communicated to them. As a measure of caution the Director of Health Services and Family Planning/Director of Medical Education should keep in reserve a part of the appropriation made available in the budget for application to cases where District Medical Officer's or the Heads of Institutions exceed the allocation made to them.

(G. O. Ms. No. 1555, Health, dated 22nd August 1969.)

(G. Os. No. 60, Health, dated 9th Janury 197)4.

(2) Drugs/Medicines which are manufactured by the Tamil Nadu Dadha Pharmaceuticals Limited, Madras may be purchased direct from them, dispensing with the tender system, for use in the Government Medical Institutions and Local Body Institutions in this State as in the case of Government of India undertaking, viz., the Hindustan Anti-biotics Limited, Pimpri and the Indian Drugs and Pharmaceuticals Limited, Madras at the prices to be fixed by the standing committee constitued for the purpose.

(G.O. No. 60, Public Health, dated 9th January 1974.)

663. **Medical institutions entitled to supplies from the Medical Stores Depot.**—The following classes of medical institutions should obtain supplies available at the Medical Store Depot and before using any other method, should ascertain if the supplies they require or equivalents are available there :—

(i) Government Medical Institutions;

(ii) Panchayat Union Dispensaries;

(iii) Municipal Medical Institutions; and

(iv) Rural Dispensaries.

(G. O. Nos. 380 to 393, Home, dated 26th March 1898.)

664. Deleted.

665. Encouragements of Indian Industry.—(1) When the conditions regarding quality and price are equal, preference in making purchases should be given in the following order :—

Firstly, to articles which are produced in India in the form of raw materials or are manufactured in India from raw materials produced in India;

Secondly, to articles wholly or partially manufactured in India from imported materials.

Thirdly, to articles of foregin manufacture held in stock in India ; and

Fourthly, to articles manufactured abroad which need to be specially imported.

(2) A purchasing officer especially authorised in this behalf may, when satisfied that such a **measure** is justified, allow a limited degree of preference in respect of **price** to **articles** produced or manufactured in India either wholly or in part. The preference so allowed shall not exceed 5 per cent of the price at which articles of similar quality not so produced or manufactured can be obtained.

(G.Os. No. 2643, P.H., dated 6th November 1937 and No. 71, P.H., dated 11th January 1938.)

666. Drugs and other pharmaceutical preparations—Purchase of.—In pursuance of the general policy of Government to encourage Indian Industries as laid down in the preceding paragraph, tinctures chemical and other pharmaceutical products manufactured in Indian should be purchased for use in the Government Medical Institutions in this State provided they are of the standard quality and that their price is equal to or less than of similar foreign products. If the Madras Medical Stores Depot is not able to supply Indian-made pharmaceutical products, the indenting officers should be asked to obtain such products locally in the open market subject to the conditions mentioned above.

(G.O. No. 1718, Public Health, dated 10th May 1939.)

667. Contracts.—Purchase of articles manufactured in the State of Tamil Nadu and in India—Preference.—Tenders should not be called for only for articles which are manufactured either in foreign countries or in other States. In the case of all Government hospitals, tenders should be called for specifically for articles manufactured in this State and in India as well as for those manufactured outside India, and that in accepting tenders, those that are manufactured in this State should be given the first preference and then those that are manufactured in India and out side India, provided that the quality of the articles is good and that the prices quoted are not higher than those quoted for articles of foreign manufacture.

(G.O. No. 911, P.H., dated 8th March 1938.)

667-A. **Agreement**.—Execution of contract agreement with private firms while purchasing equipment costing more than Rs. 10,000. The Deans/Superintendents/Principals of Government Hospitals and Medical Colleges, District Medical Officers and Director of Institutes are authorised to enter into on behalf of the Governor, contract agreement with private firms for the purchase of radiological and other item of equipment required for use in their institutions in cases where the amount involved is more than Rs. 10,000. A form of agreement to be executed in such cases is given in Appendix XXVI of the Tamil Nadu Medical Code Volume II.

(G.O. No. 2480, Health, dated 23rd October 1963.)

668. Glass bottles manufactured in India.—Purchase of.-- Glass bottles manufactured in India are in no way inferior in quality to those manufactured elsewere. Spare bottles of Indian manufactured should therefore be purchased for use in Government, Panchayat Union and Municipal Medical Institutions, provided they are more or less equal in all respects to those manufactured elsewhere.

(G.O. No. 2107, Public Health, dated 10th June 1938)

669. Articles not produced in India.—Purchase of for the public service.—The procedure to be followed in purchasing articles not produced in India and in making payment therefor is laid down in Chapter VII of the Tamil Nadu Financial Code, Volume I.

670. Plant and machinery—Purchase of.—When ordering important, plant and machinery otherwise than through the India Stores Department, New Delhi, or the Indian Store Department, London, a purchasing officer should invariably specify that he will take delivery only after the supplier has demonstrated the working of the plant or machinery to his full satisfaction.

(G.O. No. 10, Finance, dated 17th January 1939.)

671. Delicate scientific instruments and fragile goods—Insurance of.—The Director of Health Services and Family Planning/Director of Medical Education is authorised to insure at railways risk rates delicate scientific instruments and fragile, goods that are received from abroad by the **State Port Officer** (Consignments Section) and sent by rail to the officers in the medical department.

(G.O. No. 3242, P.H., dated 9th September 1939).

672. Radiological stores–

The X-ray equipments required in various medical institutions are to be purchaseed following the procedure prescribed hereunder–

(i) The Radiologist of the Institution concerned will furnish the required specifications of X-ray equipment to the Head of the institution.

(ii) The Head of the Medical Institution will forward the specification to the Director of Medical Education or Director of Health Services and Family Planning as the case may be.

(iii) The Director of Medical Education or Director of Health Services and Family Planning will forward the specification to the Director, Barnard Institute of Radiology and Cancer, Government General Hospital, Madras. A specification Committee consisting of the Director and Professor, Barnard Institute of Radiology and Cancer, Government General Hospital, Madras. The Chief Radiologist ,Government Stanley Medical College Hospital and the Professor of Radiological Physics, Barnard Institute of Radiology and Cancer, Government General Hospital, Madras will scrutinise the proposal for the purchase of the plant and draw up specifications of the unit and forward it to the Director of Medical Education or Director of Health Services and Family Planning for further action.

(iv) On receipt of the specification from the Committee, the Director of Medical Education or Director of Health Services and Family Planning will arrange to call for quotations from the reputable dealers in X-ray equipments.

(v) An X-ray Committee constituted by the Government for the purchase of X-ray plants will review the quotations and select the plant. The X-ray Committee constituted by the Government for the purpose consists of the following members :-

1. Director of Medical Education or Director of Health Services and Family Planning.	Chairman.
2. Director and Professor, Barnard Institute of Radiology and Cancer.	Member.
3. Radiologist, Stanley Hospital	Member.
4. Radiologist, Government Royapettah Hospital	Member.
5. Professor of Radiological Physics, Barnard Institute of Radiology and Cancer.	Member.
6. Head of the Institution concerned	Member.
7. Assistant Director of Medical Education and Assistant Director of Health Services and Family Planning (in-charge of the subject).	Secretary.

(vi) The Director of Medical Education or Director of Health Services and Family Planning will ascertain from the State Training Corporation whether it will be able to supply the equipment and if so the equipment should be procured through the State Trading Corporation without inviting tenders.

(G.O. Ms. No. 1119, Health, dated 30th April 1973.)

673. Combustible materials—Storing of.—Inflammable materials like celluloid plates should not be kept inside a wooden cupboard.

(G.O. Ms. No. 100, P.H., dated 10th January 1938.)

674. Sera—Instructions to prevent wastage.—(*a*) Attention should be paid to the *expiry date* on the labels, so that older sera may always be used first. Most sera have an expiry date, about two years after the date of issue. If only three months supply is indented for at a time, and older sera always used, no serum would be wasted.

(*b*) After the lapse of the expiry date anti-venom should not be thrown away but should be used up to one year, after the expiry dates with 25 per cent increase of dose.

(c) The practice of increasing the dose of time expired sera is a perfectly sound one and for the first year after the expiry date of 20to 30 per cent increase in dose would compensate for any loss of units that may have occurred. This proportional increase is applicable to ordinary sera such as anti-meningococcus serum for which a test of potency is not available. Ordinary sera should be treated in the same way as anti-venom and if the sera have been kept in an ice box they may be used up to one year after the expiry date with a 25 per cent increase of dose for that year.

(Surgeon-General's P.No. 22-A, dated 12th February 1932.)

(d) Unused cholera vaccine should not be returned to the King Institute, Guindy, after long delay. This should not be indented for unnecessarily in large quantities and any unused vaccine should be sent back to the King Institute, Guindy, two months before the expiry date.

(Surgeon-General's P.No. 231-H/33, dated 26th January 1933.)

(e) All sera to be debt at 4°C temperature.

NOTE.—Failure to observe the instructions carefully will entail recovery of the full cost of sera wasted.

(Surgeon-General's R. No. 31708-A, dated 31st October 1941.)

675. Restrictions on the purchase of local stores.—The following instructions should be carefully observed by officers empowered to make local purchase of stores :—

(1) Local purchase should be confined to meeting requirements that are of such urgency that supplies through normal sources cannot be awaited.

(2) Local purchase should be made only from stock that actually exist INSITU with the contractor, or, in cases where this cannot be complied with, from a recognized dealer.

(3) Local purchase by service authorities of non-indigenous. Items in the Indian market except in trival quantities should be prohibited. Where an authority considerss that such a purchase is absolutely essential, he may effect it but he should record his reasons in writing.

(4) Severe notice will be taken of cases in which powers of local purchase have been exercised in contravention of the spirit of the above instructions whether such contravention takes the form of exceeding the monetary limits or of infringing other conditions laid down which are not inescapable or urgent. Inspecting Officers will call for a review the records of local purchase and bring to the notice of the Director of Health Services and Family Planning/ Director of Medical Education any case in which a local purchase in their opinion should not have ben resorted to.

(5) When the sanction of the Director of Health Services and Family Planning/Director of Medical Education for local purchase of stores is applied for, the application should contain the fullest justification for the local purchase together with a certificate to the effect that such purchase is inescapable or very urgent.

NOTE.—The above instructions apply to the local purchase of items that are recognised as being normal articles of central purchase and are not intended to affect the normal method of procurement of such articles as foodstuffs of a perishable nature, firewood, ice, etc., or such engineering stores as bricks and lime for which local purchase is the principal or only source of supply.

(Surgeon-General's P.No. 223-A/H, dated 8th October 1943 and P.No. 109-H, dated 4th June 1949.)

676. Purchases made in United Kingdom and other sterling areas —Procedure to be adopted for: According to Exchange Control Regulations, applications for remittances to sterling area countries other than Indian Union are treated in the same manner as applications for remittances to non-sterling countries and should be supported by a requisition in FORM 'A' (*vide* Annexure) duly filled in by departmental officers requiring payment in sterling currency. To avoid delay in arranging for remittances through the High Commissioner for India, London for purchases made in the United Kingdom, the 'A' forms duly filled in should invariably be forwarded to the Accountant-General, Madras, along with bills, invoices, etc., asking for sterling remittances to United Kingdom.

(Accountant-General's letter No. T-4/HC/256, dated 29th July 1948 and Surgeon-General's Circula dated 29th September 1948.)

ANNEXURE.

FORM A.

Application for Foreign Exchange for the purpose indicated on the reverse

I/We hereby wish to purchase the following foreign exchange, viz.....................
....(currency required)
(amount in figures)......................
(amount in words)

I/We declare that the declaration on the reverse of this form is true, and that I/We have not applied for an authorisation through any other bank.............................

Name of applicant(s).

Nationality

Address.

Date : Signature of applicant(s).

I hereby certify that I have seen SATISFACTORY DOCUMENTARY EVIDENCE in support of the declaration made on the reverse of this form, viz

Stamp and signature of authorized dealer through whom the applicatio is made.

Date :

Space for comments by authorised dealer.

Space for use by the Reserve Bank of India.

NOTES.—(1) Where the application is for an estimated or approximate amount (e.g. an importer not knowing the exact amount until he receives invoice or shipping documents, etc.), the authorised dealer whose stamp appears on this application is responsible for seeing that the excess amount applied for has been cancelled and has not been used for any other purpose.

(2) In the case of imports the type of payment should be stated such as—

(i) In retirement of bils under letter to credit ;

(ii) Against delivery of shopping documents ; and

(iii) Advance payments.

A. In payment of goods imported or to be imported into India for which an exchange control copy of import licence or a certificate from the Import Trade Controller that no import licence is necessary has been obtained.

Strike out section which do not apply A, B or C.

Invoice value State currency.		Quantity.	Description of goods.	Country of origin of goods.	Names of carrying steamer (if known)
b.g. cost.	War Risk Insurance.				
(1)	(2)	(3)	(4)	(5)	(6)

Particulars of import licence such as C.G.C.G.P.W. or H.E.P. number and date of issue of the licence should be clearly stated.

I/We certify that the goods to which this application relates were imported into India on or about...or will be imported into India and that an exchange control copy of Import Licence or a certificate from the Import Trade Controller that no import licence is necessary has been obtained. I/We attach or hereby undertake to produce to the Reserve Bank of India within three months the relative certified copy of the Customs Entry form or in the case of goods received by parcel, post the relative posts parcel receipts, or parcel wrappers.

Signature of applicant(s).

We certify that Bill of Exchange and/or Shipping Documents for the goods mentioned in Section 'A' above have been received by us and paid by consignee or drawee.

Stamp and signature of the authorised dealer.

B For Travel purpose—

I/We desire to travel to..via..for the purpose of..

I/We wish to purchase

(State whether letter of Credit or Travellers Cheques.)

Passage has been booked through....................

(Name of Steamer or passage agent)

Signature of applicant(s).

C. Any other purpose for which foreign exchange is required.

@ Reason for payment..............................

* ....

Signature of applicant(s).

NOTE.—Though the stores of foreign manufacture easily available in India may be purchased through, the agents of the firm in India at the scheduled rates not exceeding the India Stores Department's rate contract rates, large special purchases of stores or machinery not normally available in India may be made the through the medium of India Stores Department, London and Indian SupplyMission,Washington where such a course is found advantageous. The Director-General of Supplies and Disposals, New Delhi, should however be consulted invariably in order to ensure infirmity in the terms and conditions governing such purchases. Further the possibility of different branches of the Government competing against each other resulting in the payment of higher prices would be avoided, if the services of the central purchase organization are utilized as far as possible for a purchases. The above considerations apply particularly in respect of demands for stores which might have to be imported. Such an arrangement would also ensure that maximum utilization is made of the indigenous capacity where available for such stores with a view to saving foreign exchange. Further, the Director-General of supplies and Disposals would be in a better position to secure these stores either from agents of foreign manufactures in India where stocks are available in the country or against their own import quotas, so that foreign exchanges is provided only where this is inescapable.

[G.O. No. 536/58-11 (General-M), dated 22nd September 1958. G.O. No. 1303/Exp. A/58-1, dated 25th February 1958.]

677. *Deleted.*

678. *Deleted.*

679. *Deleted.*

680. *Deleted.*

@ Documentary evidence for the reason for payment must be attached to the firm for submission to the Reserve Bank of India.

* In case remittance is made under a permit issued by the Reserve Bank of India, the number and date of the permit must be stated.

Section 2.

INDENTS FOR MEDICAL STORES

681. Submission of indents.—Supplies from the Medical Store Depot are obtained by indents on authorised forms prescribed for the purpose.

In purchasing surgical instruments for use in Government Medical Institutions, the heads of Government Medical Institutions are permitted to purchase their requirements directly from the Surgical Instrument Plant, Nandambakkam without the media of Medical Stores Depot, Madras and without calling for quotations from outside, subject to the condition that the purchase is made within the financial powers delegated to heads of medical institutions and also subject to availability of budget provisions. The purchasing officers should also satisfy themselves about their reasonableness of the rates quoted by the plant and about the " quality of the products purchased ".

(G.O. Ms. No. 1142, Health, dated 13th June 1969.)

682. Terms for enrolment of indentors in Medical Stores Depot, Madras.—(*a*) Only those stores which are listed in the priced vocabulary of the Medical Stores (India) as amended from time to time will be supplied.

(*b*) Once responsibility has been accepted for the supply of both indigenous and imported stores, at least two years' notice will have to be given before the obtaining of stores from the Medical Stores Department is discontinued.

(*c*) Supplies will be made on a system of advance payment or payment before delivery in the case of non-Government hospitals and dispensaries.

(*d*) The inclusion of a certain item in the priced vocabulary of the Medical Stores (India) does not imply a guarantee that the item will necessarily be available, when an indent is actually submitted. When the Medical Stores Department expresses its inability to comply with an indent for any particular item within a reasonable time, the indentor may make his own arrangements to secure it.

(Surgeon-General's P. No. 36-H/46, dated 4th April 1946.)

683. Urgent demands in exceptional cases only.—If supplies are required very urgently, they may be demanded by telegram by officers not stationed in Madras, provided a covering indent in quadruplicate is submitted by post the same day. Officers stationed in Madras will send an indent in quadruplicate by bearer to the Stores in cases of urgency and this will be sent to the Director of Health Services and Family Planning later for sanction. STORES SHOULD NOT BE ASKED FOR ON THE TELEPHONE . In every case where there is time to write, District Medical Officers will send quadruplicate indents to the Stores direct, if they consider that the supply is urgent. IN NO CASE SHOULD THEY DEMAND STORES BY LETTER.

(Surgeon-General's No. 3042, dated 6th April 1895, Circular No. 84 of 1910 and G.O. No. 108, Public, dated 24th January 1913.)

684. Class of indents.—(1) Indents are of the following cases :—

(*a*) Annual indents ;

(*b*) Extra or supplemental indents ; and

(*c*) Payment indents.

(2) There are two classes of annual indents :—

(*a*) All hospitals of 50 beds and more should prepare their annual indents on the large indent form (M.S.D. No. 134) printed and bound in quadruplicate.

(*b*) All hospitals of less than 50 beds should prepare their annual indents on the small indent form (M.S.D. No. 135) also printed and bound in quadruplicate . Indents for dispensaries including rural dispensaries should also be prepared in this form.

(*c*) Supplementary civil medical indents should be made when necessary in form **M.S.D. No. 136.**

(G.O. No. 108, Public, dated 24th January 1913, Surgeon-General's Circular No. 62 of 1914, Surgeon-General's Circular No. 35 of 1916 and Surgeon-General's P No. 112-A/24, dated 7th April 1924.)

685. Date of submission of indents.—Annual indents should be submitted on the due dates prescribed for each institution, in the programme of indents communicated from time to time, to the Office of the Director of Health Services and Family Planning/Director of Medical Education and to the Medical Stores Depot. Medical Officers should see that indents are sent to the respective District Medical Officer/Civil Surgeons in time. District Medical Officer and Civil Surgeons should scrutinize the programme of indents about the 20th of every month in order to verify whether all the annual indents due for submission to the Medical Stores Depot, Madras in that month have been received in his office and despatched to the Medical Stores Depot. If the annual indents of any of the institutions, given in the programme, have not been despatched to the Medical Stores Depot, report should be sent to the Deputy Assistant Director-General, Medical Stores Depot, stating the reasons for not sending those indents on the due dates.

(Surgeon-General's P .No. 30-A/32, dated 1st March 1932 and G.O. No. 4586, Public Health, dated 25th October 1941.)

686. Procedure for transmission of indents.—District Medical Officers and Civil Surgeons are empowered to countersign the indents for Medical Stores in respect of the following classes of medical institutions and transmit them *direct* to the Deputy Assistant Director-General, Medical Stores Depot, Madras for compliance through the Commissioner, Panchayat Union Council or Commissioner, Municipal Council, concerned :—

(i) Annual and extra indents from Panchayat Union and Municipal hospitals and dispensaries, mission medical institutions and private practitioners incharge of rural dispensaries; and

(ii) Indents for simple medical stores and medicine chests from officers of Government Departments other than the Medical Department.

NOTES.—(1) Their counter-signature should be neatly entered on lower margin of the Indent form, not written acrossthe space required by the Deputy Assistant Director-General, Medical Stores Depot and by the Controller of Military Supply Accounts for entering prices.

(2) In cases of private and mission medical institutions the District MedicalOfficers or CivilSurgeons or District Surgeons in the City of Madras should see that the indent has been countersigned by thePresident of the Committee or the Clergyman concerned before they counter-sign the same.

(3) All indents relating to Government medical institutions and medical colleges should be sent to the Director of Health Services and Family Planning/Director of Medical Education fo scrutiny and transmission to the Deputy Assistant Director-General, Medical Stores Depot, Madras, for compliance.

(G.O. Ms. No. 58, Public Health, dated 10th January 1928.)

687. Instructions for the preparation of Indents.—The following instructions should be observed in the preparation of indents :—

(1) Care should be taken to obtain and use only the printed indent and voucher forms (M.S.D. Nos. 134, 135 and supplemental indent M.S.D. No. 136, respectively) customary in the service. I.A.F.Z. No. 2096 for receipt and delivery vouchers and manuscript forms should not be used.

(2) Before proceeding with the preparation of the indents—

(*a*) the blanks on the outer cover should all be supplied;

(*b*) the instructions printed on the opening page of the indent form should be carefully studied and carried out throughout the indent ; and

(*c*) the blanks at the top or the beginning of the indent should be filled in, paying special attention to the "Account Head" under which the cost of the supplies is debitable and to the average daily sick.

(Surgeon-General's Circular No. 24, dated 1st May 1908 and Surgeon-General's Circular No. 26, dated 5th July 1919.)

(3) The account head to which the supply is to be charged must be clearly stated, e.g., State, Municipal or Local Body; if a private or State-aided institution, the indent should be so marked and the words "Payment Indent" should be added. This is to enable the Controller to make a book or cash recovery. The Deputy Assistant Director-General, Medical Stores Depot, shall bring to the notice of the Director of Health Services and Family Planning/Director of Medical Education any unusual or unauthorised demand that may be made on the Medical Stores Depot.

(G.I. Mil. No. 3274-1-A-D. dated 9th January 1913, Surgeon-General's Circular Nos. 58 of 1907 and 31 of 1910 and G.O. No. 108, Public, dated 24th January 1913.)

(4) Articles should be entered in terms of the priced vocabulary of Medical Stores—

In the case of surgical instructment's stains, sundries, etc., not be found on the indent form the number in the vocabulary should be quoted, so that there may be no doubt as to the article required. In making such necessary manuscript additions, care should be taken to enter names of drugs and instuments under the proper sections.

(5) If for special reasons any articles unauthorized for the institution but available at the Medical Stores Depot according to the price vocabulary are required, the necessity for them should be clearly explained against each article. The terms "absolutely necessary", necessary for efficient treatment of patients" etc., will not be accepted as sufficient and satisfacory explanations. What is required is an explanation, that an article is required for "treating such and such a disease", for the preparation of such and such a mixture", etc., and in the absence of these or like explanations the unauthorized articles asked for will be disallowed. It must be noted that at any rate the number of such articles should be very limited.

(6) The articles not contained in the priced vocabulary of medical stores should not, on any account, be included in the indent.

NOTE.—Any special drug or instrument required which is not available in the Medical Stores should be included in the annual Home indent, subject to the special rules contained in Appendix XX.

(7) Particular attention should also be paid to note (1) printed at the foot of page 1 on both large and small indent forms.

(8) Columns (3) to (6) and (9) only should be filled in by the Indenting Officer, columns 7 and 10 being left blank. Medical Officers checking the indents should make the corrections if necessary in column 6, and attest the correcions in the same columns viz., columns 6.

(9) Instructions for calculation of indent.—In the preparation of the indent, the calender year immediately preceeding the date of preparation of the indent should invariably be given in the heading of column(4)and the expenditure during that year alone should be noted in that column. The date of stock-taking which must always be the first day of month, should also be invariably marked in the heading of column (5) These heading should be filled on all pages.

NOTE.—It will be very convenient of stock were taken three months prior to the month during which supply is due in order to calculate the probable expenditure during the intervel., viz., three months which exactly one fourth of the annual expenditure.

(Surgeon-General's Circular No. 62 of 1914).

(10) In the case of medical institutions in Madras City a full 12 month's supply and in the case of the mufassal medical institutions a full 18 month's supply less the balance on hand should be asked for in order that if there is more expenditure than originally anticipated, the necessity for an intermediate demand which very much interferes with and dislocates the work in the Stores Depots may be avoided and the calculation should be as follows :—

If the expenditure during the immediately preceeding calendar year or 12 months is 45.7 kgs., Add 22.9 kgs., to make an 18 months supply. If the stock is taken in January and the supply is due in April succeeding, Add. 11.43 kgs. again to meet the expenditure during the interval of three months, January, February and March and then deducting the balance on hand on 1st January (date of stock-taking) show the remainder as quantity now required in column 6. A full 18 month's supply is thus arrived at. If the balance on hand is deducted without making a provision for the expenditure during the interval between the date of stock-taking and the month of supply, the balance on hand will have been reduced by the date, the supply is received and the quantities actually demanded and supplied will full short of 18 months supply.

For example—supply required for 1950-51 (month of supply April) :—

Consecutive number.	Articles.	Consecutive numbes.	Expended during the year 1949. (12 months)	Balance on hand on 1st Janaury 1959.	Now equired in April for 1950-51.
(1)	(2)	(3)	(4)	(5)	(6)
			KG.	KG.	KG.
1.	Acaciate Cummi.	1	45.7	16.00	64

NOTE.—In the case of private institutions only column 6, "Quantity required" need be filled in. This however, entirely a matter for the decision of the private hospital authorities themselves, who could however exercise better scrutiny on the expenditure and better conduct of the institution, if the above rules were strictly followed.

(11) If any drug or drug are required in quantities more than those arrived at by the above method of calculation a brief explanation for the necessity should be added in separate sheet.

NOTE.—In the absence of such explanation the excess damended will be cut short.

(12) Quantities intended for should be as nearly as possible multiples of the packages in which the Medical Stores pack drugs as specified in the priced vocabulary For instance magnesium sulphate is put up in casks of 51.2 kg., vaseline in 25,600 kg. drugs oluemricini and oleum terebinthinae in 2 gallons 9.1 kg. tins etc. liquor ammoniae acetatis fortis in 900 kg. bottie quinnine tablets and saline compound tables in bottles of 500. For all cheaper drugs used in considerable quantity, indents should be made out after reference to the priced vocabulary with this end in view.

(13) Figures to be in round numbers to issue articles in original containers—

(i) Figures should be filled in, in round numbers and when possible in multiples of the quantity given as the standard stock size of container. This allows articles to be issued in original containers which diminishes risks of error and allows complaints to be traced to their source. It also tends to economy and accurate supplies.

(ii) Acid Hydrochloric, Nitric and Sulphuric are to be indents for in quantities of not less than a 0.5 kg.

(iii) If the demands are far below the quantities marked in the "Price Vocabulary of Medical Stores" the rule regarding the use of fractions should be strictly observed, viz.—

In cases where 1.4 kg., and more are asked for all fractions of a grants should be avoided. If quantities more than 0.5. kg., and upto 1.4 kg., are required fraction of 250 gms only should be used. In case where quantities less than a 500 gms are required fractions other than 360 gms. 180 gms., 90 gms., 50 gms. and 25 gms., should be altogether avoided and in cases where drugs are asked for in drachms such as cocaine hydrochloridum, nothing less than half a drachm or a multiple thereof will be allowed.

(Surgeon-General's Circular No. 62 of 1914.)

(14) Requisition for Elastic Stockings, Leggings Knee Caps Trusses and Articficial Legs —Medical Officers when indenting for elastic stockings and knee caps as well as for trusses and artificial legs, will give full and correct measurements and also state for which side of the body (right or left) the articles are required.

(Surgeon-General's Circular No. 2903, dated 7th May 1912.)

(15) Officers indenting for gloves should furnish information as to the size and thickness required.

(16) When India rubber tubing is ordered the size of tubing required must be quoted according to the sizes in the vocabulary.

(17) The information required under the declarations by the indenting officer at the end of the indent should invariably be furnished.

(18) Column 7 will filled in by the office of the Director of Health Services and Family Planning/Director of Medical Education only in cases where quantities sanctioned differ from those entered in column 6 and not otherwise in which case, the following certificates will be recorded on page 41 of the large and page 18 of the small indent forms :—

"The quantities indented for in column 6 have been sanctioned by me except where otherwise noted in column 7".

(19) All the four copies of every indent should be legible and should be accurate "true copies".

(20) Directly the supplies are received from the Deputy Assistant Director-General, Medical Stores, Depot, the second certificate on pages 41 and 18 of the big and the small indent respectively, should be signed and forwarded to the Deputy Assistant Director-General Medical Stores Depot.

All methylated spirits issued by the Medical Stores are suitable for use for medical-legal purposes and should be utilized for this purpose for making all lotions and applications for external use and for burning in spirit lamps to the exclusion of rectified spirit. Indents for rectified spirit should therefore be reduced to a minimum.

More colouring and flavouring preparations such as Tr. Lavendulae, syrup Aurantil Coritcis cannot be regarded as absolutely necessary for *Charitable Institutions.*

Consolidated indents for several places should not be sent. Separate indents must be sent for each officer who is responsible for *receiving* the stores. Annual indents for articles for medico-legal purposes when on separate forms, should be sent along with the ordinary annual indents of the institutions.

688. Requisitions for surgical instruments.—In making requisitions for surgical instruments to complete cases of instruments in stock, the medical officer in-charge of a Government Civil Institution will give a full explanations as to the cause of the deficiency and if the Director of Health Services and Family Planning/Director of Medical, Education is satisfied that the reasons adduced are satisfactory he will pass the requisition on to the Deputy Assistant Director -General, Medical Stores, Depot, for compliance.

689. Equipment to replace stores lost or damaged.—Requisitions for equipment required to replace that lost or damaged for which recovery has to be made should be prepared in triplicate on payment indent form.

690. Extra indents —(1) Extra indents should not be sent up without the approval of the sanctioning authority which should be obtained prior to their submission.

(2) If only two or three articles are needed, *Form* M.S.D. No. 136 (Suplementary indent) should be used but when a number of articles are needed the annual form should be used and marked "Extra indent" in red ink. In any case articles required from separate divisions of the stores such as instruments drugs utensils should be demanded on separate indents, in cases where Form M.S.D. No. 136 is used; the sections of the indent are guide to the departments concerned Extra indents will be allowed—

(i) for the special medicines and instruments that are available in the Medical Stores Depot, Madras, subject to the orders *contained in paragraph 4 of special rules for the* preparation of Home Indent contained in Appendix-XX;

(ii) for articles required for chemico-legal or post mortem purposes; and

(iii) for cholera medicines and disinfectants in time of sudden outbreaks of cholera, plague or other similar epidemic.

NOTE.—"Sealing Wax", "Tape" and "Wax cloth" not being depot supplies, should not be included in the indents.

(3) If articles are returned to the depot correct delivery and receipt vouchers should invariably accompany the articles. Articles sent "for repair" and articles "returned, no longer required" should be entered on separate sets of delivery and receipt vouchers.

(4) Instruments and apparatus needing repair should be sent to the Madras Medical Stores Depot complete in their own cases on receipt and delivery vouchers. No unserviceable articles should be sent along with the reparable ones.

(5) The charges for repairs done by the depot are assessed on the direct expenditure on material and labour plus a certain percentage to cover general and indirect charges and profit.

(6) When it is doubtful if an instrument can be repaired, the Deputy Assistant Director-General, Medical Stores Depot should before incurring unnecessary expense in despatching the instrument, be consulted if a repair is likely to be feasible. *Vouchers should invaribly be sent with articles sent for repair.*

[Circulars No. 16, dated 22nd June 1900 and No. 13, dated 3rd July 1905 and Government of India, Army Departnent, Letter No. 19779-4(A.D.), dated 25th July 1922.]

691. Directions for the submission of indents by all non-medical institutions such as colleges, etc.—(1) Indents will be prepared in quadruplicate, by carbon paper, on M.S.D., Form 136 (Obtainable from the nearest civil hospital or from the Director of Health Services and Family Planning/Director of Medical Education).

(2) Items not on the priced vocabulary of medical stores, will not be supplied. This list a copy of which will be supplied to each administrative head of a department by the Director of Health Services and Family Planning/Director of Medical Education, should invariably be consulted at the time of framing an indent and District Medical Officers should place their copies at the disposal of executive officers for this purpose.

(3) All items should be demanded under the exact nomenclature used in the official list and should in each case bear the item number as given in that list.

(4) Indents for medical stores other than those referred to in rule 7 must be submitted through the administrative head of the department concerned who will carefully scrutinize and countersign them before passing them on to the Medical Store Depot. All columns in the indent must be properly filed in.

(5) Indents from chemical laboratories should contain demands for such items only as are legitimately require for the purpose of research or instruction. Demand for medical and surgical items used in the treatment of sick men or animals in properly constituted hospitals are out of place in such indents and will not be complied with.

(6) Indents for medicines, etc., for the treatment of livestock in-charge of the Forest Department should be prepared by the Inspector of Livestock attached to that department and should be submitted through the Chief Conservator of Forests and the Superintendent of Animal Husbandary Department to the Medical Stores Depot.

(7) All countersigning by transmitting officers shoud be placed along the lower edge of the indent and not in the space required for use by the depot issue sections and by the office of the Controller of Military Accounts Department. All office rubber stamping should be done on the back of the indent.

(8) All vouchers connected with supplies must be signed and returned to the Medical Stores Depot, Madras, immediately on receipt of stores.

692. Local purchase of drugs for use in Government Medical institutions.—(1) District Medical Officers and Assistant Surgeons in independent charge of Government medical institutions in the moffassil are empowered to purchase medicines and dressings, etc., locally, subject to certain conditions in the following circumstances :—

(i) When the Medical Stores Depot has expressed its inablity to comply with the indent for any particular item within a reasonable time; and

(ii) in any emergency to meet the immediate requirements of the institutions when no stock is available in the institutions and supplies cannot be had from the Medical Stores Depot in time.

(2) The financial limit referred to above applies to the purchases made at any one time and not for the total quantity purchased in a year. Assistant Surgeons in independent charge of Government Medical Institutions may excercise the power delegated to them without reference to a higher authority whose sanction need be obtained only when the local purchase to be made exceeds their own powers. of sanction.

NOTE.—The above instructions apply also to all items of stores including those marked "hereafter" by the Medical Stores Depot, Madras.

The financial limit for the above purchases are as follows :—

		RS.	P.
District Medical Officers where bed strength of 500 and above	..	2,500	00
District Medical Officers where bed strength upto 500 beds ..	..	2,000	00
Civil Assistant Surgeons where bed strength of 50 and above	..	500	00
Civil Assistant Surgeons where bed strength of below 50 ..	..	200	00

(Director of Health Services and Family Planning's Circular P. No. 197-G-1, of 1951, dated 23rd July 1951).

693. Procedure for local purchase of drugs not available at the Medical Stores Depot, Madras.—The following procedure should be observed in regard to the local purchase of drugs which do not bear the hall mark of biological standard approved by Government :—

(i) If such drugs are not available at the Medical Stores Depot and purchases have to be made, they should invariably be made only from firms of repute, as there are a very large number of bogus drugs of biological products on the market. Before placing the orders with the firms the indenting officers should satisfy themselves that the products are of therapeutic value and are standardized onces.

(ii) In cases of doubt as to their true value, samples should be called for and only if the results are satisfactory should purchase be effected.

(Surgeon-General's P. No. 81-H, dated 22nd April 1944).

694. Quinine and quinine products—The following procedure should be adopted in regard of the submission of indents for cinchona products.—I. (*a*) Government medical institutions other than district headquarters hospitals and Government Medical Institutions in charge of Civil Surgeons, hospitals and dispensaries not under the Government contol and charitable medical institutions should send their indents to the District Medical Officer concerned with the following particulars :—

(i) source of supply during the previous years;

(ii) quantity obtained and quantity consumed during the previous three years;

(iii) if there was no supply previously the necessity for indenting for the drug ; and

(iv) the number of malaria cases treated during the previous three years.

N.B.—In the case of Government Medical Institutions item (i) need not be furnished.

(*b*) The District Medical Officers (or the Assistant District Medical Officers in the absence of the former on casual leave or tour) on receipt of the indents, should scrutinize them with reference to the above particulars, specify the quantities that should be supplied, certify on the Indents to the effect that the quantities recommended by them are absolutely necessary, and forward them to the Superintendent, Central Jail, Coimbatore, without any delay. The Superintendent, Central Jail, Coimbatore should comply with the indents immediately on receipt by him.

(*c*) District Headquarters Hospitals and other Government Medical Institutions in-charge of Civil Surgeons should send their indents to the Director of Health Services and Family Planning/Director of Medical Education for serutiny and transmission to the Superintendent, Central Jail, Coimbatore, who should comply with the indents immediately on receipt by him.

II. (*a*) The indents for quinine drugs required by the medical institutions under Panchayat Unions and municipalities should be submitted with all the particulars required in sub-paragraph I (*a*) above through the Commissioner of Panchayat Unions or the Commissioners of Municipal Councils as the case may be, who should forward such indents immediately to the Superintendent, Central Jail, Coimbatore.

(*b*) The Superintendent, Central Jail, Coimbatore, should forward the pre-payment bills to the paying authorities immediately after receiving the indents.

(*c*) The supply of quinine drugs to the concerned Panchayat Union and Municipal Medical Institutions should be made by the Superintendent, Central Jail, Coimbatore within a week from the date of receipt of payment.

(G.Os. Ms. No. 4270, Development, dated 30th December 1943 and No. 259, P.H., dated 29th January 1944, and Government Memorandum No. 14645-K/444-2, dated 23rd March 1944, Government Memorandum No. 34562-K/51-8, dated 15th October 1951 and Surgeon-General's Circular P. No. 2-H/44, dated 4th January 1944).

695. Cinchona—Quinine products—Submission of indent by District Medical Officers—Institutions.—(1) District Medical Officers should send to the Superintendent, Central Jail, Coimbatore the indent for Cinchona products required for the medical institutions under their control within one week from the date on which they are informed of the quantities of cinchona products available to them. Indents in respect of medical institutions in agency areas may however be sent within two weeks from the date of receiptof intimation of the quantities of cinchona products available to them.

(2) District Medical Officers should certify in the indents that the quantity indented for does not exceed 75 per cent or 100 per cent as the case may be of the past three years average. The Superintendent, Central Jail, Coimbatore should comply with the indents as quickly as possible in any case not later than 15 days of their receipt and check the correctness of the District, Medical Officers's certificate later. If any variation is noticed the Superintendent may bring such variation to the notice of the District Medical Officer concerned, and ask him to indent for the balance if there is a deficit, or deduct excess supplies, if any, from his subsequent indents.

(G.Os. No. 1617, Development, dated 29th July 1943, and No. 2543, Development, dated 8th October 1943 and Surgeon-General's P. No. 230-A/H, dated 15th October 1943).

696. Procedure for payment for quinine product supplied to Government Medical Institutions.—The following procedure should be adopted in regard to payment [for quinine products supplied to Government Medical Institutions—

(1) When the price of quinine products indented for plus packing charges exceeds Rs. 50 payment should be made by book transfer; and

(2) When the price of quinine products indented for plus packing charge is less then Rs. 50 the indenting officer should, if he wants the drug urgently sent along with this indent cash to cover the price of quinine ordered plus packing charge. If cash does not accompany the indent the Superintendent, Central Jail, Coimbatore, need not sent the drug by V.P.P. but should intimate it cost to the inden ing officer who will arrange to mak per-payment of cost.

NOTE.—In regard to cases falling under clause (2) above when sufficient cash is not available with the indenting officer from the permanent advance to meet the cost of the quinine products indented for the provisions of Article 107(a) of the Tamil Nadu Financial Code, Volume I, may be applied, i.e., a contingent bill for the amount required should be prepared and presented at the Treasury for payment, a note being added at the food of the bill that the voucher for the amount will follow.

(G.O. No. 2001, Development, dated 26th August 1942 and Surgeon-General's P.No. 205-A/H, dated 13th September 1943.)

697. **Supply of quinine products to planters of South India outside Travancore.**—The following procedure should be adopted for the supply of the anti-malarial requirements of employers of plantation labour of South India outside Travancore :—

(i) The Secretary, United Planters Associated of South India, will furnished the Superintendent, Central Jail, Coimbatore with lists showing the quanities to be supplied to the planters who are members of the United Planters Association of South India during each of the half-years January to June and July to December and also to intimate to the individual planters the quantities alloted to them. On receipt of indents from the planters the Superintendent will make the supply by V.P.P. without any delay. Indents for additional supplies, if any, should be referred to the Secretary, United Planters Association of South India, before compliance.

(ii) The District Medical Officers or other Medical Officers having similar status should furnish the Superintendent, Central Jail, Coimbatore, with lists showing the quantities to be supplied to the planters who are not members of the United Planters Association of South India during each of the half-years January to June and July to December and also to intimate to the individual planters the quantities allotted to them. The allotment should be based on the area planted number of labourers employed, whether the labourers employed are seasonal or employed throughout the year and also on the incidence of malaria in the particulars locality. On receipt of indents from the planters, the Superintendent, Central Jails, Coimbatore, will make the supply by V.P.P. without delay, Indents for additional supplies, if any, should be referred to the Districtt Medical Officers or other medical officers concerned before compliance.

NOBE.—Members of United Planters' Association of South India owing estates in Mysore and Cochin will have to apply to the above association or other quinine allotment.

(G.O. Ms. No. 4612, Development, dated 25th September 1947, Government of Tamil Nadu letter No. 102941/K/47-1 of the Development Department, dated 12th November 1947 and Surgeon-General's Circular P. No. 30-M-11/47, dated 4th March 1947.)

698. **Tota-quinina.**—Tota-quinina is as efficacious as quinina sulphate. Tota-quinina consists of all alkaloids in Cinchona bark and is much cheaper than quinine. Prescription of tota-quina should therefore take the place of quinine prescriptions.

(Surgeon-General's P. No. 91-A, dated 5th June 1933.)

699. **Rectified spirit—Duty free supply.**—Rectified spirit and absolute alcohol will be suplied free of duty to all Government and non-Government medical institutions and also to all medical colleges in the State.

(G.O. No. 1749, Revenue, dated 19th July 1940.)

700. **Rectified spirit**—Supply to the Southern Railway Administration.—The Southern, Railway Administration is permitted to obtain rectified spirit from the Medical Stores Depot Madras. The Supply of rectified spirit will however be made only on payment to the Government of Tamil Nadu of duty at the prescribed rate.

(G.O. No. 2870, P.H., dated 10th August 1938.)

701. **Lysotol.—Use of—As disinfectant in hospitals.**—On tests carried out at the King Institute, Guindy on the value of Lysotol and Izal, it has been found that Lysotol is good and equal in every respect to Izal. Both the drugs are stocked at the Medical Stores Depot, Madras.

(Surgeon-General's P. No. 48-A, dated 18th February 1937, Surgeon-General's P. No. 179-A dated 27th August 1938 and Surgeon Generas R.No. 29559-A, dated 20th May 1942.)

702. Disinfectants manufactured in India—Purchase from Indian companies.—Local bodies are permitted to purchase disinfectants made in India provided they give high carbolic co-efficients from homogenous emulsions and conform in every way to accepted standards and compare favourably with the imported products in the matter of cost. When placing indents with the Indian companies for the supply of disinfectants, they should insist on the production of test certificates from a recognized Public Health Laboratory not only in respect of a samble submitted with the tenter. but also in respect of random samples from any subsequent consignments (after acceptance of the tender and during the tubsistencr of the contract) which the local health authority may wish to submit for tests.

(G.O. No. 989, P.H., dated 15th March 1939.)

703 **Preparation of certain simple medicines to be made up in hospitals.**—The following preparations being of such a simple nature as could ordinarily be made in hospials shall be prepared in the dispensary in moderate quantities as required :—

Aqua camphor	Liquor calcis.
Aqua chloroform	.. .. ..
Clycerin acid boric	Liquor cajaputi.
Cylcerin and carbolic	Liquor camphor.
Clycerin acid tannic	Liquor chloroform,
Glycerin alumini	
Glycerin amjli	
Gylcerin boracis	
Liquor ammon acetatis	Liquor menth pip.
Liquor Hydrargyri perchloridi	

(Circular No. 18 of 1906 and Surgeon-General's P. No. 138-A/H, dated 25th June 1943.)

704. Deleted

705. **Procedure for the issue of opium for medical purposes.**—Issue of opium to 'addicts' should be reduced annually by 20 per cent from 1949—50 and the issue completely stopped after five years. The existing policy of gradual liquidation with the object of abolishing the issue of opium to addicts in 1954—55 should be followed rigorously and there should not be any interruption in that policy. In cases where applications are made or the issue of opium on medical grounds either from fresh applicants or from old addicts requesting restoration of the original quota, the request may be granted if the applications are supported in either case by medical certificates form Government Medical Officers not below the rank of Assistant Surgeons. The authority competent to enlist fresh addicts, restore original quota, authorize the re-issue of old permit and renew such permit every year shall be the Collector of the district.

NOTE.—The concession mentioned above should be allowed only in exceptional cases.

(G.O. No. 4311, Development, dated 27th September 1951 and Government Memorandum No. 118219/S/51-2, Development, dated 15th November 1951.)

706. **Possession of sulphur without licence.**—Under the orders contained in G.O. No. 1615, Judicial, dated 22nd November 1909, no licence was required under the Indian Arms Act for the possession of sulphur in quantities not exceeding ten seers, but in view of the somewhat disturbed conditions now prevailing in the country, the Government have directed that the exemption from the operation of the prohibitions and directions contained in the Indian Arms Act, 1878, in respect of sulphur not exceeding 9.330 kg. granted in the said Government Order should be withdrawn until further orders provided that sulphur not exceeding three and 0.311 gm. when possessed by any persons as a medicine prescribed by a registered medical practioner and sulphur dust in packets of 0.060 gm. and 0.120 gm. sold by Agricultural Department to ryots as a fungicide, shall be exempted from the operation of the prohibitions and directions contained in the Indian Arms Act.

(G.Os. No. 1615, Judicial, dated 22nd November 1909, No. 3445 Home, datd 6th Septmber 1947, No. 3633, Hme, dated 28th September 1948 and No. 679, Home, dated 20th February 1950.)

707. *Deleted.*

708. *Deleted.*

709. Medical Institutions in the Madras City.—Money limit fixed for the purchase of drugs and dressings.—The annual expenditure on drugs and dressings in the case of medical institutions in the City of Madras should be restricted to the maximum money limits fixed by Government from time to time subject to the following conditions ;—

(*a*) The previous sanction of the Government should be obtained for an increase over the limit in any year, the application being submitted by the month of January with full explanations for the increase ; and

(*b*) a return should be submitted annually to Government by the month of October showing the limit fixed and the actual expenditure in each year of the previous triennium with explanations for the variations from the limit.

(*c*) Every effort should be made to secure that maxima laid down by Government are adhered to and that excess expenditure over and above the maxima will be sanctioned by Government only when exceptional circumstances are fully established.

(G.O. No. 2924, P.H., dated 16th August 1939 and No. 764, P.H., dated 1st March 1950).

710 Maintenance of essential drugs in hospitals and dispensaries—(1) There must always be an adequate stock of essential drugs in all hospitals and dispensaries under the control of Government and those which are maintained by local bodies. If essential drugs are not available at the Medical Stores Depot, Madras, they should be purchased locally with proper sanction. If after every attempt, a medical Officer fails to get them, a record to that effect should be kept in the institution concerned for the information of the inspecting officers.

(2) It is the primary duty of a Medical Officer as a professional man to report an anticipated shortage of quinine or other essential drugs and take action in time to obtain fresh supplies. Medical Officers should not wait for the visit of an inspecting officer or the Commissioner of a Panchayat Union or some other distinguished visitor to report the shortage of quinina or other essential drugs in the visitors' book.

(Surgeon-General's Circular R. No. 83447-A/H, dated 30th December 1943 *and* P.No. 24, P.W., *dated* 28*th April* 1944.)

711 Disposal of unserviceable stores—Obsolete and unserviceable stores should on no account be sent to the Medical Stores Depot but sold locally, after they have condemned by the officer authorized to do so. Their value should be credited to Government or the local body to whom they belong. If unserviceable stores are sent to the Depot, the Deputy Assistant Director-General (Medical Stores) is authorized to dispose of them and credit their value to the Central Revenues, unless they are articles of value which the Deputy Assistant Director-General has requested to be sent to him for inspection and repairs in which case he is authorized to return them to the institution they belong to.

712. Auction of unserviceable surgical instruments—The auction of unserviceable surgical instruments or appliances should be strictly confined to registered medical practitioners including medical officers in Government employ. The Superintendents of hospitals or the District Medical Officers, as the case may be, may finally accept the highest bid in the auctions so conducted without reference to the Director of Health Services and Family Planning/Director of Medical Education.

(G.O. No. 3120, P.H., dated 15th September 1947 and Government Memorandum No. 3999-Accts, 2, Finance, dated 11th February 1951.)

713 Rules for auction sale of unserviceable articles—The following procedure should be observed in regard to sanctioning of articles, which become unserviceable by fair, wear and tear in Government hospitals :—

(1) All unserviceable articles should be sold in auction. These include empty tins, barrels, drums, bottles, gunny bags, etc., and also articles of furniture and other equipment which have become unserviceable by fair, wear and tear and cannot be repaired economically.

(2) Auctions should be conducted periodically. The intervals at which auctions should be held will be decided by the Superintendent of the hospital with reference to the total quantity or the number of unserviceable articles sent from the various departments of the hospital.

(3) The Lay Secretary (or the Resident Medical Officer in hospitals where the post of Lay Secretary does not exist) will be present at the auction.

(4) Unserviceable articles for auction will be received at fixed intervals of a week or a fortnight by a store-keeper deputed for the purpose. The departments sending the unserviceable articles should send along with the articles a list in duplicate of such articles, one copy of which will be returned by the store-keeper duly acknowledging receipt therein, to the department concerned.

(5) An account of empty bottles, tins, drums, etc., should be maintained in every department of the hospital which sends them for auction.

(6) The articles received for auction will be entered in a separate register kept for the purpose as and when they are received.

(7) As soon as there is a fairly good collection of unserviceable articles, an auction sale should be arranged.

(8) Suitable steps should be taken to give wide publicity to the auction sale. A notice of auction signed by the Lay Secretary or the Resident Medical Officer containing the conditions of the sale, the time, date and place where the auction is to be held, should be sent to the local shopkeepers and others who are likely to be interested in the auction. A list of such persons and their addresses should be kept in the hospital. The names and addresses of other persons attending the auction should be added to the list from time to time.

(9) A list of articles to be sold in the auction showing the number or quantity should accompany the auction notice.

(10) Articles for auction should be arranged in groups or lots and numbered consecutively.

(11) The auction book will show against each group or lot the number of articles included in each.

(12) Admission inside the auction room (whether private individual or public official) will be on payment of Rs. 10 per bidder as a deposit. A token or receipt should be granted to the person paying such deposit and his name and address ascertained and recorded. No person who has not paid the deposit amount and received a token or receipt will be admitted into the auction room.

(13) The bidders may be permitted to inspect the articles laid out without disturbing the arrangement before the auction commences.

(14) The Lay Secretary or the Resident Medical Officer will start the acution at the scheduled time. A reasonable amount will be announced as the starting point in respect of each group. A stage-by-stage record of the actual biddings should be kept under the signature of the Lay Secretary or the Resident Medical Officer, the entries being made while the auctions is in progress. When the highest bid is reached and there is no further bid, the highest amount of the bid will be announced three times and the person declared as the successful bidder. The highest bidder shall be the purchaser and when a dispute arises, the article or articles shall be re-auctioned.

(15) If the highest bid amount of any group exceeds Rs. 25 the bidder who becomes the purchaser shoudl be required to deposit then and there an amount not less than one half of the bid amount. If this is not complied with, the articles will be re-auctioned.

(16) Immediately after the auction of all the articles is over, the deposit money of Rs. 10 will be refunded to all those who have not purchased any article, on their surrendering the token or receipt issued to them before the auction. Their acknowledgment for the refund will be obtained.

(17) In the case of those successful bidders, the total value of whose purchase together with the sales tax is below Rs. 10, the balance will be returned to them immediately after the auction and they will be required to remove the articles sold to them the same day.

(18) In the case of other successful bidders, the balance of money together with sales tax should be paid by them the next day and the articles sold removed the same day.

(19) A proper receipt signed by the Lay Secretary or the Resident Medical Officer will be granted to every successful bidder for the amount paid by him.

(20) The articles sold will be allowed to be taken out only on a gate pass in the prescribed form (C.F. 305) which will be issued to the party on production of the receipt of the entire amount due from him.

(21) If any successful bidder fails to pay the balance of amount and remove the articles sold day following the date on which the auction sale is held, the articles will be resold at the risk of the purchaser and the deposit or any additional amount that may have been paid by him shall be forfeited to Government. The tokens on receipts issued to the successful bidders shall be taken back from them at the time of issuing the gate pass.

(22) The amount collected by the sale of unserviceable articles shall be brought to account the same day and remitted into the bank on the next working day.

(23) A statement showing the list of articles sold in the auction, the name of the purchaser, the value of the highest bid and the sales tax recovered thereon should be sent to the Director of Health Services and Family Planning/Director of Medical Education for approval. A certificate to the effect that the total amount collected has been credited in full into the bank, should be recorded in the statement. The number and date of order of the Director of Health Services and Family Planning/Director of Medical Education approving the auction should be noted in the auction register.

(24) All records pertaining to the auction sale should be carefully preserved for audit.

714. **Authority competent to condemn and write off the value of condemned articles.**—(1) Stores which have become unserviceable in the ordinary course or by fair wear and tear may be condemned by the authority competent under Article 123 of the Tamil Nadu Financial Code, Volume I, to sanction the purchase of new stores to replace them. He should record full reasons for condemning the stores and add a certificate thereto in the following form :—

" Certified that I have personally satisfied myself that each item written off in these proceedings has become unserviceable in the ordinary course, through proper usage or by fair, wear and tear ".

(2) The Assistant Surgeons in charge of Government hospitals in the mufassil are therefore competent to condemn unserviceable articles and write off their value up to the limit of their financial powers. Unserviceable stores in Government hospitals in charge of Assistant Surgeons should not therefore be accumulated without any disposal and kept in the breakage register until the inspection of the hospitals by the concerned District Medical Officers. The District Medical Officers should, however, review the orders passed by the Assistant Surgeons in the matter during their inspection and issue instructions for the proper observance of the rules, wherever necessary.

(Surgeon-General's P. No. 99-H/45, dated 9th June 1945.)

715. **Return of serviceable and repairable stores.**—Government institutions are permitted to return serviceable and repairable stores when no longer required and will be credited with full value of stock book rates if serviceable ; 50 per cent if repairable and 10 per cent if unserviceable. Practically all second-hand articles will be regarded as repairable.

716. **Institutions from which articles will be received.**—Articles will be received from municipal and Panchayat Union Institutions only if the Deputy Assistant Director-General, Medical Stores Depot, agrees to do so.

717. **Return of second-hand stores.**—When second-hand stores are issued in a serviceable condition from the Medical Stores Depot, 75 per cent of the stock book rates will be charged. Customs duty will not be taken into account in respect of transactions in such stores.

(Army Instructions, India, No. 389 of 1925.)

718. **Refund of admissible on return of stores indented but not required.**—When stores demanded on payment have been issued correctly as indented for, the indentor must invariably pay for the stores. Should he not desire to retain them, he must apply to the Deputy Assistant Director-General (Medical Stores) for permission to return them and if permitted to do so, he may claim a refund to the extent of book value of the stores according to the condition on receipt plus profit, customs and excise duties as originally charged less 17 per cent of the book value. The indentor will also pay the cost of carriage of stores back to the Depot

(Army Instruction, India, No. 26 of 1924.)

719. **Delivery of packing articles.**—Packing articles, if delivered at the stores will be credited to all institutions in the proportions specified in paragraph 715. The Deputy Assistant Director-General (Medical Stores) will decide to which category they belong.

720. **Articles unaccompanied by proper vouchers.**—If stores are received by the Medical Stores Depot from any source without proper invoices or delivery and receipt vouchers, the Deputy Director-General (Medical Stores) shall call upon the consignor to forward these vouchers on the prescribed forms and shall at the same time inform him of the responsibility he has incurred by sending articles into stores unaccompanied by proper vouchers.

721. **Articles held in deposit at the risk of consignor.**—Stores unaccompanied by receipt and delivery vouchers will be taken into the Medical Store Depot and be held in deposit at the risk and responsibility of the consignor pending receipt of the proper vouchers ; on receipt thereof they will be taken on the books and the receipt vouchers completed and returned to the consignor.

In all cases, the purpose for which the stores are sent should invariably be noted on the voucher in red ink.

722. **Despatch of stores.**—The address on cases sent from or to the Medical Store Depot should show the institution to or from which stores are sent. A packing note is placed in each box of stores containing more than one article. A receipt voucher for signature and return is despatched by post, and packing articles used are noted on it.

Note.—The requistion is not in the itself a voucher of the quantity issued receipted, then it will be acknowledged as such on the examination of accounts.

(Surgeon-General's No. 3042, dated 6th April 1895, Circular No. 4 of 1903, and G.Os. No. 74-L, dated 11th May 1898 and No. 1347, Public, dated 17th December 1911).

723. **Receipts of stores.**—When stores are received officers should themselves see the boxes opened and check the contents against packing note and indent. The Deputy Assistant Director-General (Medical Stores) will not undertake to replace shortages unless this is observed on the vouchers. Where breakages are obviously due to bad packing, a claim for replacement should be made supported by details and the packing card should be returned. Packing should always be carefully searched as each box is emptied. Complaint in regard to quantity or quality of goods should be made at once. The receipt voucher should then be signed and returned.

(Surgeon-General's Circular No. 24 of 1911).

724 **Instructions for taking delivery of consignments.**—Every consignment is weighed and booked by the consignor. Before taking delivery, Superintendents of Hospitals should carefully weigh the packages and accept the consignment only if it is in order in all respects. They should take open delivery in the railway premises in case there is the slightest suspicion. No package should be taken delivery of without weighment on the ground that it is in tact to all outward appearance.

(P. No 58-A, dated 19th April 1932.)

725. **Breakages.**—The following rules are to be observed in regard to breakages, etc.

(1) The consignee is to investigate any deficiency, loss or damage on receipt of a consignment of stores and he should take the necessary steps for the adjustment of same as indicated in sub-paragraphs (2) and (3) below.

(2) The consignee will acknowledge receipt only of such stores as have been actually received by him and on the receipt, he will specify the condition of the stores received.

(3) In cases of short deliveries, the consignee, when singing a receipt for the goods actually received by him, shall also give a certificate to the effect that the deficiency has been brought on to his books for adjustment.

(G.O. No. 555, Medical, dated 7th October 1920.)

726. **Indents from departments other than medical.**—(1) Indents for MEDICINES from the Forest, Engineers, Educational and Police departments should be sent to the District Medical Officer or Civil Surgeon concerned, whose duty it will be to see and satisfy himself whether the drugs demanded are suitable for dispensing by laymen and are in reasonable quantity, taking into account the availability of the drugs at the nearest medical Institution,

(2) Chemicals and drugs required for non-medical purposes by the Public Works, Education, Forest, Police, Port Office, Agriculture, Post Office and other departments may also be obtained from the Medical Store Depot. Indents from such departments should be sent direct by the heads of departments concerned and not through the District Medical Officer. The indents should be prepared and submitted in conformity with the rules and instructions laid down for the purpose.

(G.O. No. 107, Medical, dated 10th March 1920.)

727. **Procedure for the supply of medical stores to Rural Welfare Officers for intensive work in selected Blocks and Centres.**—(1) The following procedure should uniformly be adopted in all districts for obtaining medical stores required in connection with the Rural Welfare Work in the selected areas :—

(i) Each district should be considered as one unit for the purpose of obtaining stores required in connexion with the Rural Welfare Work from the Medical Store Depot, Madras.

(ii) The administrative head of each unit and the countersigning authority for the indents for each unit (District) is the District Collector or any Gazetted Officer of the Revenue Department duly authorised by the Collector in this behalf.

(iii) The institutions should be classified as Government institution and the cost for the supplies made should be paid by book adjustments.

(iv) As regular annual supplies are not required for the Rural Welfare Scheme, the institutions should be classified as casual indentors. (The casual indentors are eligible to obtain any medical stores required by them and stocked in the Medical Store Depot.)

(2) All Collectors except the Collector of Madras should apply to the Deputy Director-General (Medical Stores), Madras, for enrolment of their districts as separate units for obtaining medical stores required in connexion with the rural welfare work in the selected areas. They should also furnish the Deputy Assistant Director-General (Medical Stores) with a list of selected areas in their districts, the correct postal address of the Rural Welfare Officers (Rural Welfare Department) in-charge of the areas, the nearest railway station s to their headquarters, village, etc., so that each rural welfare area can obtain its stores direct from the depot on separate indents countersigned by the Collector or any Gazetted Officer of the Revenue Department authorised in this behalf.

(Government Memorandum No. 22968-RW-150-8, dated 25th July 1951 and Surgeon-General's P. No. 205-G-1/51, dated 2nd August 1951.)

728. **Procedure for dealing with indents received from Officers of the Salt Department.**—All touring Officers of the Salt Department and Factory Officers who are not within easy reach of medical aid have been supplied with medicine chests to enable them to treat common and trivial forms of ailments. According to paragraph 339 (4) of the Salt Manual, Volume II, all indents whether for medicine chest or for replenishment of contents of chest, should be forwarded to the District Medical Officers concerned direct for countersignature and transmission to the Director of Health Services and Family Planning for sanction.

(Surgeon-General's P. No. 93, Health, dated 5th June 1945.)

729. **Procedure for the supply of medical stores to medical institutions under the control of local bodies.**—In order to avoid delays in the supply of medical stores to medical institutions under the control of local bodies and the inconvenience caused thereby, the Government have laid down the following instructions for the information and guidance of Panchayat Unions and Municipalities :—

(1) Procedure to be followed for the supply of medicines obtainable from the Medical Stores Depot, Madras—

(a) Medical Officers in-charge of Panchayat Union and Municipal Medical Institutions and rural medical practitioners should, before the 15th February of each year, submit to the Commissioners of the Panchayat Unions and the executive authorities of municipalities concerned the annual indents for medicines, etc., required for the succeeding official year, in the prescribed forms. Rural medical practitioners and Panchayat Union and Municipal Medical Officers should prepare indents up to the value usually allowed for the institutions in their charges. The Commissioner of Panchayat Unions and executive authorities of Municipalities should verify the entries regarding budget allotment in respect of regular Panchayat Union and Municipal Medical

Institutions and forward the indents to the District Medical Officer or the Director of Indian Medicine, as the case may be not later than 15th March. The District Medical Officer or Director of Indian Medicine, as the case may be, should return the indents after scrutiny, to the Commissioner or the executive authority concerned, not later than the 15th April. Commissioner of Panchayat Unions and executive authorities of municipal councils should imediately arrange for the prepayment of the cost and then forward the indents with the treasury chalan not later than the 1st June to the Medical Store Depot, Madras, for compliance.

(*b*) All medicines required should be obtained through annual indents. Supplemental indents should be exceptional and should be accompanied by an explanation showing why the medicines specified therein were not included in the annual indent.

(*c*) If supplies are required very urgently, they may be demanded by the telegrams, provided a covering indent in quadruplicate is submitted to the Medical Stores Depot, Madras, by post the same day.

(*d*) If, for special reasons, any articles not authorised for the institution, but available to the Medical Store Depot, Madras, according to the priced vocabulary, are required the necessity for each of these articles should be clearly explained.

(*e*) Articles not included in the price vocabulary of Medical Stores should not be indened for.

Particular attention should be paid to Note 1 printed at the foot of page 1 of both the annual and supplemental indent forms.

(*f*) Figures of quantities should be filled in round numbers and when possible in multiples of the quantity contained in the standard stock sixe of container. This allows articles to be issued in original containers which diminishes risks of error and allows complaints to be traced to their source it also tends to economy and accurate supply.

(*g*) Indents should be prepared in the Medical Stores Depot form. The heads of budget accounts to which the charges are debitable should be fully quoted on the first page of each of the four copies of the indent. The demand pertaining to each section of the priced vocabulary must start on a fresh page of the indent book, i.e., articles belonging to different sections of the priced vocabulary should not be entered on the same page.

(2) Procedure to be followed for the supply of medicines not obtainable from the Medical Store Depot, Madras :—

(*a*) Commissioner of Panchayat Unions and executive authorities of municipalities should invite tenders before the 15th December of each year from all approved pharmacies for the supply during the succeeding year, of medicines of Indian origin, and other medicines not obtainable from the Medical Store Depot, Madras, to all institutions of Indian Medicine under their control.

(*b*) A committee of medical practitioners and medical officers should be constituted to advise on the qualities of the samples submitted by the tenderers and also on the rates quoted by them. Orders of the accepted tenders should be passed by the middle of February. Rural Medical Practitioners and Panchayat Union and Municipal Medical Officers should prepare indents up to the value usually allowed for the institutions under their charges and submit copies of the indent simunltaneously to the Commissioner or the executive authority concerned and the Director of Indian Medicne, not later than the 15th April. After scrutiny, the Director of Indian Medicine, should return the indents to the Commissioner or the executive authority, as the case may be, not later than the 15th May. Immediately on receipt of the indents, the Commissioner of Panchayat Unions and executive authorities of municipalities should forward the indents to the accepted tenderers for compliance.

(G.O. No 1821, Public Health, dated 1st May 1940.)

730 Supply to local bodies—Recovery of Post—Procedure.—(1) The following procedure should be adopted for the recovery of cost of medicines supplied to local bodies :—

(*a*) Medical Officers in-charge of hospitals and dispensaries under Municipalities and Panchayat Unions will calculate by means of the priced vocabularies of medical stores and the corrections thereto with which they are periodically provided, the total cost at priced vocabulary rates of all articles indented for, keeping the total within two-thirds of the money or credit available with them and to this total they will add 40 per cent to cover the probabale cost of bottles and other containers of the stores, excise duties, packing charges and transit charges.

(*b*) They will then pass the indent (through the District Medical Officer or other appointed Medical Officer, if considered necessary by the Government) to the Commissioner of Panchayat Union or Commissioner of the Municipality concerned who will remit the total amount no into the local treasury to the credit of the relevant head of account and pass the treasury receipt with the indent to the Medical Store Depot for compliance.

(*c*) The depot will then comply with the indent, price it (including all charges) as usual, note below the total amount deposited and below that the amount remaining at the credit or debit with the local body concerned, and return the indent thus priced and annotated.

(*d*) When a local body has prepaid the estimated cost of the stores required by it, and the Amount paid is in excess by 25 per cent or more of the net value of the indent at the time of the supply, refund of the excess will be allowed when demanded by the local body.

(*e*) When the indent is returned after compliance as indicated in (*c*) above, the Medical Store Depot will indicate in respect of the items, which have not been supplied, when they are likely to be supplied, in order to enable the local body concerned to decide whether it should claim refund of the excess credit or not.

(2) The credit and debits will be adjusted as follows:—

(*a*) *Credits*.—(i) By the depot against "Hereafter issues", i.e., subsequent issues of stores demanded in the indent which were not in stock when the indent was complied with and (ii) by the indenting officer, in the next fresh demand for stores he may make either in the same year or the next or (iii) by claiming refund under paragraph 1 (*d*) above.

(*b*) *Debits* :— These will be shown as due to the depot by the indenting officer in his next indent, and the amount will be deposited in the treasury by the local body together with, and in addition to, the value of the stores indented for plus 40 per cent. This will be watched for by the depot accounting staff.

(*c*) All credit and debits shall, as far as possible, be finally adjusted before the end of a financial year.

(G.Os No 1678, Public Health, dated 9th July 1934;
No. 1516, Public Health, dated 30th June 1937; and
No. 2438, Public Health, dated 8th July 1939).

(3) Medical stores urgently required by local bodies in order to combat outbreaks of epidemic diseases such as cholera, etc., will be supplied by Medical Store Depot without previous payment.

(G.O. No. 689, Public Works, dated 25th March 1935.)

(4) The Medical Store Depot, Madras, will not maintain separate accounts for each medical institution under each local body, but shall maintain only a running account for each local body in respect of supplies made to it. Vouchers and chalans, will be posted in one serial in the ledger account without maintaining individual account for each medical institution. Ledger folio numbers allotted to each institution will be noted against each voucher posted in the ledger so that the expenditure incurred on each institution can easily be worked out from the entries made.

(G.Os. No 1138, Public Health, dated 3rd August 1936,
No. 2009, Public Health, dated 1st June 1938,
No. 3568, Public Health, dated 22nd December 1944 and
No. 1579, Health, dated 3rd May 1950.)

731. Cost of repair work for local bodies.— Procedure for recovery —Before repairs are undertaken by Medical Store Depot for local bodies, the parties should first obtain an estimate of the cost of repairs, packing and freight charges and then furnish a treasury chalan for the adjustments estimated cost (including packing and transit charges) plus 40 per cent to cover variations; where necessary being made on supplementary chalans or in the credit balance on the ledgers of the Medical Store Depot.

(G.O.No. 2453, Public Works, dated 25th September 1937)

732. Stores—Medical Institutions of modern medicines under the control of local bodies.— Local purchase—When medicines or other medical stores have to be purchased locally, Commissioners of Panchayat Unions and executive authorities of municipalities should call for quotations from standard and reputable firms and then place orders with the firm which quotes the lowest rate. Local purchase should be resorted to only when the medical officer in-charge of the institution concerned reports that the medicines are urgently required. The following conditions should also be satisfied before local purchase is ordered:—

(i) that it is first ascertained that the Madras Medical Store Depot is unable to supply the medicines required within a reasonable time;

(ii) that the District Medical Officer reports that the medicines are urgently required;

(iii) that Commissioner of Panchayat Union or Executive authorities of municipalities, are satisfied that the purchase is necessary; and

(iv) that the purchase is validated by the Panchayat Union or the Municipal Council concerned.

NOTE.—Local bodies may however make local purchase of those medicines which are marked as 'not available' for a certain period by the Medical Store Depot, Madras, to meet the requirments of their medical institutions during that period, subject to the conditions specified above.

(G.Os. No. 1066, Public Health, dated 15th March 1941.
No. 2888, Public Health, dated 7th July 1941 and
No. 4028, Health, dated 27th November 1950).

733. **Procedure for the supply of medicines to newly opened medical institutions under local bodies.**—Whenever a regular or a rural dispensary is opened by a local body for the first time, the local body concerned may purchase locally the essential drugs required, for use in the new medical institution until supply is made by the Medical Store Depot after its inclusion in the list of institutions eligible for supply of medicines from the Medical Store Depot.

(G.O. No. 2102, Health dated 8th September 1951.)

734. **Purchase of medicines of Indian origion from the Tamil Nadu State Indian Medical Practitioners Co-operative Pharmacy and Stores Limited, Madras—Permitted in certain cases.**—(*a*) The Tamil Nadu Indian Medical Practitioner's Co-operative Pharmacy and Stores Limited, a Society registered under the Tamil Nadu Co-operative Societies, Act manufactures, stocks, and sells medicines of Indian origin to its members only. The value of each share for membership is Rs. 5 Panchayat Unions and Municipal Councils may become members of the society by taking shares upto to a maximum of 200 and obtain their supply of medicines of Indian origin from it, if they wish to do so, after obtaining the sanction of Government for dispensing with the procedure of inviting tenders.

(*b*) When Panchayat Unions and Municipal Councils place indents for the supply of medicines with the Tamil Nadu Indian Medical Practitioners Co-operative Pharmacy and Stores Limited, they may send a cash advance equal to the cost of the medicines indented for and in addition 40 per cent of the cost to cover the cost of bottles and other containers and transit charges, etc., as in the case of indents on Government Medical Store Depot, Madras. The Society will then comply with the indent. Immediately after this is done, the advance should be adjusted by payment of difference due by the local body or by refund by the society, of the amount due from it.

(G.O. No. 2591, Public Health, dated 15th September 1944,
Government Memorandum No. 52521/44-6 G.P.H., dated 25th January 1945
G.O. No. 1717, Public Health, dated 27th June 1945 and
Surgeon-General's P.No. 99, Health, dated 25th October 1944).

Section 3.

OTHER STORES.

735. **Supplies for State hospitals and dispensaries.**– The articles required for State hospitals and dispensaries should be obtained locally through a contractor according to the rules in Appendix XVII or brought direct and paid for out of the permanent advance, the amount being recovered subsequently on contingent bills. At places where there is no market, the medical officers, in-charge of the institutions may make local arrangements to get the necessary articles in the most convenient and least expensive way.

(G.O. No. 795, Public, dated 22nd May 1915.)

736. **Supplies for Police hospitals.**—(1) Requisitions for supplies of petty and miscellaneous articles for Police hospitals should be submitted by medical officers concerned to the Superintendent through the District Medical Officer or Civil Surgeons and the Supplies obtained through the local contractors at the rates sanctioned by the Municipal or Local authorities for their hospitals or dispensaries. Where this is not possible, the supply should be purchased in the local market from the permanent advance which will be obtainable from the Inspector-General of Police on application. The Superintendent will be held responsible that the charges made are reasonable.

(2) Cumblies and bedding should be obtained through the Superintendent, on requisition by the medical officer countersigned by the District Medical Officer or Civil Surgeon.

(G.O. No. 10, dated 6th May 1895.

737. **Locks to be obtained from P.W.D. Workshops.**—Locks of nearly all sizes and description including those manufactured at Aligarh are stocked at the Public Works Department Workshops and Stores, Madras. Superintendents of hospitals and others requiring locks should obtain them on indents from the General Superintendent of the Stores.

(G.O. No. 752, Finance, dated 11th September 1925.)

738. **Purchase of articles of Jail manufacture.**—For details regarding the purchases to be made from Jail Department, see instructions under Rule VII of Article 125 of the Tamil Nadu Financial Code, Volume I.

739. **Utilisation of used bandages—Instructions—Regarding.**—Used bandages that are clean enough for ordinary dressings may be re-used after they have been properly washed and boiled.

(Surgeon-General's Circular P. No. 112, Health, dated 17th July 1945.)

740. **Purchase of operation tables.**—Operation tables made of gun-metal are not strong and are liable to break easily. Steel-made operation tables should be indented in the place of those made of gun-metal when placing orders for the supply of such tables required for use in Government hospitals.

(Surgeon-General's P. No. 118, Health, dated 24th July 1944.)

741. **Disposal of condemned aluminium articles, etc.**—Condemned articles of aluminium should be sent to the Central Jail, Salem, for the repair of such of the articles as can be repaired and for the acceptance as scrap of those articles which cannot be repaired. Condemned copper articles should be got repaired if possible and if they are irrepairable, they should be sold in public auction to the best advantage of Government.

(Surgeon-General's P. No. 194, Health, dated 18th October 1944.)

742. **Supply of surgical gauze and bandage cloth.**—Gauze and bandage cloth required for use in Government Medical Institutions should be purchased from the following sources in the order of preference shown below:—

1. Jail Department.

2. Open market by tender system.

The above order of preference should be followed in the case of purchases made for use in Panchayat Union and Municipal Medical Institutions also.

(G.O. No. 1913, Public Health, dated 19th July 1945.)

743. **Purchase of X-ray films, chemicals and absorbent cotton wool.**—X-ray films, chemicals, and absorbent cotton wool required for use in the Government Medical Institutions should be purchased under open tender system.

Absorbent cotton wool required for Panchayat Union and Municipal Medical Institutions should also be obtained at the rates and from the firms approved for the Government Medical Institutions mentioned in sub-para (1) above.

NOTE.—"The Heads of Government Medical Institutions in the grade not lower in rank than that of a Civil surgeon are empowered to purchase Absorbent Cotton Wool required for the institutions under their control without any monetary limit, so long as it is purchased on a contract basis."

(G.O. No. 440, Health (Public), dated 13th February 1945)

(G.O. Ms. No. 2932, Health, dated 25th November 1960.)

(Government Memorandum No. 86861/H2/66-3, Health, dated 22nd September 1966).

744. **Source from which bandage and gauze cloth may be obtained.**—A. Bandage cloth for plaster of paris—This should invariably be obtained from the Central Jail, Coimbatore, as this is the only source of supply in the Jail Department.

B. *Deleted.*

745. Bedding and linen.—The supply of bedding and linen is based on the number of occupied beds in the hospital. As the number of occupied beds vary from time to time within a year, the stock to be maintained in a hospital should be calculated on the daily average number of in-patients during the previous calendar year with an additional 10 per cent, to meet unforeseen circumstances. The scale of supply of bedding and linen per bed is given below:—

Class of articles and names of articles of bedding and clothing.	Scales for General Hospitals excepting Headquarters Hospital Ootacamund Government Hospital Kodaikanal and Coonoor.	Scales for Women and Children hospitals.	Scales for Government Headquarters Hospital, Ootacamund Government Hospitals, Kodaikanal and Coonoor.	Percentage of condemnation.	
General—					
Blankets	1	1	4	16 2/3	G. O. Ms. No. 2950, Health, dated 27th September 1958.
Sheets	6	4	6	33 1/3	G. O. Ms. No. 1800, Health, dated 23rd March 1973 and Government Memo. No. 112934/HII/73, dated 17th December 1973.
Counterpans	2	2	2	Do.	

NOTE —For Government General Hospital, Madras, the scale of supply of sheets is 8 Nos and counterpans need not be supplied

Mattresses coir	1¼	1 1/6	1¼	16 2/3	
Palliases	1	4	1	16 2/3	
Pillows	3	3	3	33 1/3	G. O. Ms. No. 416, dated 9th March 1960.
Pillow cases	10	10	10	50	Do.
Patna Towels@ ..	6	6	6	33 1/3	

@ The scale in respect of Government General Hospital is 8 Nos.

Draw Sheets ..	4	8	2	33 1/3	
Flannel Banians ..	1/2	..	2	50	
Mats	1	1	..	25	
Men—					
White cloth	8	..	..	75	
White vest	8	..	8	75	
Pyjamas	..	..	6	50	
Women—					
Jackets, White	4	6	5	50	
Red sarees	4	4	4	50	G. O. No. 431, Health dated, 22nd February, 1973.
Petticoats chint ..	..	4	Nil	50	Do

(1)	(2)	(3)	(4)	(5)
Children—				
Pyjamas	6	6	..	50
Wrappers	8	8	8	50
Wringers	8	25	..	33½
Men and women—				
Draw sheets	1	8	2	..
Women—				
Napkins	5	18	8	100

(1) Twenty-four in the case of Kasturba Gandhi Hospital for Women and Children, Madras (G.O. No. 745, Public Health, dated 19th February 1941).

2) Twenty eight in the case of *Government Hospitals for Women* and Chiuldren, Madras (G.O. No. 1871 Public Health, dated 31st July 1939).

Children—					
Napkins	5	18	20	100	
Special works—					
Bath towels	6	6	2	33½	
Glass towels	6	6	1	33½	
Tray cloths	6	6	6	33½	
Tray cloths small ..	6	6	6	33½	
Toilet covers	6	6	3	33½	
Tea-poy covers	6	6	6	33½	
Stand curtains	3	3	..	33½	
Special corner screens ..	3	3	..	33½	
ooks—					
Cooks aprons blue ..	10	10	10	33½	
Special cooks' coats ..	10	10	..	33½	
Special cooks' aprons ..	10	10	..	33½	
Special cooks' caps ..	10	10	..	33½	
Miscellaneous—					
Jack towles	½	1/2	..	33½	
Dusters	3	3	2	100	
Stretchers	1/10	1/10	1/20	5	
Table cloths	1/5	1/5	15	33½	P. No. 131/S/62, dated 27th August 1962.
Delerium sheets ..	1/10	1/10	1/10	33½	
Mosquito curtains ..	1/3	1/3	..	20	
Stone-towels	1	1	..	50	
Sheets (for wrapping dead bodies 8'X6' or mortuary sheets).	1/5	1/5	1/5	50	
Theatre—					
T will or drill or long cloth.	3.7 metres.	3.7 metres	3.7metres.	100	

(1)	(2)	(3)	(4)	(5)
Maternity—				
Binder	..	1½	..	50
Wringers	8	16	8	50
Draw sheets	..	..	8	..
MEDICAL HOSPITAL				
Men—				
Shorts	5	..	..	50
Lungoats	4	..	..	100
Miscellaneous—				
Strought jackets ..	1/5	..	..	20
Gunny smock ..	1	..	..	20

(G.Os. No. 691, Public Health, dated 9th April 1927,
No. 704, Public Health, dated 14th March 1929
No. 670, Public Health, dated 9th June 1936.
No. 283, Public Health, dated 24th January 1938.
No. 5556, Public Health, dated 20th November 1940 and
No. 1162, Public Health dated 12th April 1948).

One for each bed in the case of Government Hospital, Periyakulam.
(G.O. No. 1987, Public Health, dated 20th October 1936).

The sacle of supply of unbleached twill for making the special line required for the operation theatres in the Government General Hospital, Madras, shall be six yards for each occupied bed in the hospital.

(G.O. No. 5959, Pnblic Health, dated 19th December 1940 and
Surgeon-General's P.No. 308-A/40, dated 24th December 1940).

NOTE—The scale of supply prescribed above will apply to the Government Tuberculosis Sanatorium, Tambaram.

(G.O. No. 280, Public Health, dated 10th September 1942.)

Special Linen for new form satics admitted all Government Hospitals

Calss of articles and names of articles of Bedding and clothing.	Scale perhead	Period of wear.
1. Wrapper with hoods	16 Nos.	One year.
2. Napkins made out of Turkish cloth	16 Nos.	One year.
3. Flannel Blankets	2 Nos.	One year.

(G.O. Ms. No. 103, Health and Family Planning, dated 11th January 1973.)

Superior Linen for patients in Special Wards in Government General Hospital and women and children Hospital Madro.

Name of the Articles.	Scale per head.
1. Pillow (Silk cotton)	4
2. Sheets	10
3. Draw sheets	10
4. Blankets	2
5. Pillow slips	8
6. Counterpans	3
7. Towels for patients hand	8
8. Towels, bath	8
9. Dinner napkins	8
10. Tray cloth, large	4
11. Tray cloth, small	4
12. Teapoy cover	8
13. Toilet covers	4

(G.O. Ms. No. 1049, Public Health, dated 29th November 1930 and
Ms. No. 4450, Public Health, dated 17th September 1940.)

745. (A) The scale of supply of linen and bedding to the Government Dispensaries where there is only out-patient treatment and the percentage of condemnation shall be as follows :—

Name of the articles. (1)	(2)	Scale of supply. (3)	Percentage of condemnation.
1. Bed sheets	.. ..	4	33 1/3
2. Towels	.. ..	6	33 1/3
3. Dusters	.. ..	3	100
4. Table cloth	.. ..	2	33 1/3
5. Stone towels	.. ..	6	50
6. Blankets	.. ..	1	16 2/3
7. Mattress coir	.. ..	2	16 2/3
8. Pillows	.. ..	4	33 1/3
9. Screen cloth (stand curtain)	.. ..	2	33 1/3
10. Special corner screens	.. ..	2	33 1/3
11. Mats	.. ..	2	25

(G.O. Ms. No. 1394, Health dated 6th June 1962), P. No. 247/A2, dated 26th June 1962 of the Director of Health Services and Family Planning, Madras.

746. Scale of supply of bedding and clothing for the inmates of the Government Lady Willington Leprosy Sanatorium, Tirumani.—The scale of supply of bedding and clothing to the non-paying patients of the Lady Willingdon Leprosy Sanatorium, Tirumani, shall be as follows :—

Scale of supply of Bedding and clothing for the inmates of the Lady Willingdon Leprosy Sanatorium, Tirumani.

Serial number and description of articles. (1)	Scale of supply per inmate. (2)	Period of wear and tear. (3)	Source of supply. (4)
1. General for Indians and Anglo-Indians (Men, Women, Boys, Girls and Children)—			
1. Corah mat	1	1 year.	Jail Department.
2. Counterpan or carpet whichever is cheaper.	1	1 year	Do.
3. Bath towels	2	Do.	Do.
4. Blanket	1	4 years	Do.
2. Special—			
(a) *Indian men*—			
1. Red dhoties, 2.3 metres each	4	1 year	Do.
2. Shirts, twill, khaki yards each ..	4	1 year	Local purchase.
3. Shirt buttons	3	1 year	Do.
(b) *Indian women*—			
1. Red saress, 5.5 metres each	3	1 year	Jail Department.
2. White jackets, 0.9 metres each ..	3	Do.	Local Purchase.

(1)	(2)	(3)	(4)
(c) *Indian boys*—			
1. Shorts, drill, khaki 1.8 metres each ..	1	1 year	Local purchase.
2. Shirts, twill, khaki, 2 metres each ..	4	Do.	Do.
3. Shirt buttons	3	Do.	Do.
(d) *Indian girls*—			
1. Shirts (Pavadai) Cheety 2.7 metres each	4	1 year	PLocal purchase.
2. Jackets, cheety, 1.4 metres each ..	4	Do.	Do.
3. Dhavani, cheety, 1.8 metres each ..	4	Do.	Do.
(e) *Observation children*—			
1. Shorts, thin, khaki drill or blue cloth of medium thickness, 1.8 metres each.	4	1 year	Local purchase.
2. Banians made of khaki twill 1.8 metres each.	4	Do.	Do.
(f) *Anglo-Indians (men)*—			
1. Shorts, drill, khaki, 1.8 metres ..	4	1 year	Local purchase.
2. Shirts, twill, khaki, 3.2 metres each ..	4	Do.	Do.
3. Shirt buttons	3	Do.	Do.
(g) *Anglo-Indian (Women)*—			
1. Frocks, cheety, 4.6 metres each ..	3	1 year	Local purchase.
2. Petticoats, longcloth, 1.5 metres each	2	Do.	Do.
3. Knickers, long cloth, 1.8 metres each	2	Do.	Do.
(h) *Anglo-Indian (boys)*—			
1. Shorts, drill, khaki, 2.3. metres each ..	4	1 year	Local purchase.
2. Shirts, twill, khaki, 2.3. metres each ..	4	Do.	Do.
3. Shirt buttons	3	Do.	Do.
(i) *Anglo-Indian (girls)*—			
1. Frocks, cheety, 2.7 metres each ..	4	1 year	Local purchase.
2. Petticoats, longcloth, 1.8 metres each	2	Do.	Do.
3. Knickers, longcloth, 1.8 metres each	2	Do.	Do.

NOTE.—The tailors, who are employed in the Lady Willingdon Leprosy Sanatorium, Tirumani, Chingleput will make the shorts shirts, skirts, jackets' frocks, petticoats and knickers, when required.

(G.O. Ms. No. 2221, Public Health, dated 20th June 1949).

Section 4.

RADIUM RULES.

747. **Radium.—Custody, issue and use**— The following rules have been framed by Government for the safe custody, isue and use of radium in Government hospitals in the State of Tamil Nadu.

1. Definitions.—In these rules—

(i) 'Dean' means the Dean, Government General Hospital and Madras Medical College, Madras.

(ii) 'Director' means the Director of the Barnard Institute of Radiology.

(iii) 'General Hospital' means the Government General Hospital, Madras.

(iv) 'Institute' means the Barnard Institute of Radiology in the Government General Hospital, Madras.

(v) 'Ophthalmic Hospital' means the Government Ophthalmic Hospital, Madras.

(vi) 'Superintendent' means the Superintendent of the Hospital concerned and includes the 'Dean' unless repugnant to the context.

2. Stocks of radium—Custody, maintenance, issues and verification.—(1) Stocks of radium shall be maintained by the Director and the Superintendents of the Women and Children and Ophthalmic Hospital. The First Physicst in the case of the institute and the Radiologist of the Hospital in the case of Women and Children Hospitals shall be responsible for the safe custody of the stocks in those hospitals and for issues of radium therefrom for treatment, subject to the over-all responsibility of the Director in the case of the Institute and the Superintendents in the other case. The Superintedent, Ophthalmic Hospital, shall himself be responsible for the safe custody and issue of radium in his hospital.

(2) Stocks of radium, when not in actual use for treatment or for purposes of research and experiment, shall be stored in safe custody. Such storage shall be in the main safe in the Institute in the case of the General Hospital. The Superintendents of the Women and Children Hospital and the Ophthalmic Hospital shall make suitable arrangements for the safe custody of the stocks of radium in their hospitals.

(3) The Officers responsible for the safe custody and issue of radium referred to in sub-rule (1) above shall maintain the following registres ;—

(i) A radium stock register in Form A appended to these rules, showings the 1 radium in stock, the quantities purchased from time to time and the prices at which they were purchased. Receipts of fresh stocks of radium issues of needles for re-making or repairs and their receipts back shall be entered then and there in the radium stock register, and attested by the Dean or the Superintendent of the hospital, as the case may be. In respect of every batch of new needles received or old needles received after re-making, the purity certificates and autophotographs should invariably be obtained in advance and the receipt of the certificates recorded in the register, after verification of the needles.

(ii) A radium diary in Form B appended to these rules showing particulars of applications received from day to day for issue of radium for treatment.

(iii) A radium issue register in Form C appended to these rules, showing quantities and other particulars of radium issued, the officers to show and purposes for which it is issued and the quantities and other particulars (including dates and times) of the radium received back.

(iv) A daily check book in Form D appended to these rules, showing at a glance where every radium container is at any time, and details of the stock of radium strength war with totals in each strength. The number of needles issued or received back, of each strength shall be shown against the name of each patient. The balance in the safe shall also be specified.

(4) The Dirctor in the case of the Institute and the Superintendent of the hospital in other cases, shall check the cont ents of the radium safe at least once a month and append a certificate of verification in the Stock Register. Such periodical check shall be in addition to surprice check whenever necessary. Whenever a custody of radium in the safe is handed over from one person to another, both shall check the contents of the safe and jointly append a certificate in the stock register. The stock register of the Institute shall be submitted to the Dean for scrutiny after each verification.

(5) Shortly before the close of each official year, the Dean and the Superintendents of the Women and Children and Ophthalmic Hospitals shall verify the actual stock of radium in their hospitals with the stocks as entered in the stock registers and daily check books and forward a certificate of verification, attested by them so as to reach the Director of Medical Education not later than the 5th April.

3. Use of radium and responsibility for radium treatment.—(1) Radium belonging to the Government shall be used only for giving radium treatment in a Government Medical Institution and shall, in no circumstances, be lent for use in private practice. All fees paid in respect of such treatment shall be credited to the Government in full. Radium not belonging to Government shall not be used for treatment in Government hospitals.

Note.—Redium treatment shall be given, until further orders, only in the General, Woman and Childre phthalmil Hospitals in the City of Madras.

(2) Responsibility for radium treatment shall vest in the Medical Officers administering such treatment, except in the case of the General Hospital. In the General Hospital, the responsibility shall vest as indicated below :—

(*a*) Responsibility for deciding whether a patient should have radium treatment or not, and the lines of such treatment, shall vest in the team of experts consisting of the Surgeon under whom the patient is admitted, the Radio-therapist and the Pathologist.

(*b*) Responsibility for the actual application of radium, in accordance with the lines of treatment decided on shall vest in the Radio-therapist.

(3) Advice in regard to treatment in hospitals in the city other than the General Hospital shall be given when required by the Radio-therapist of the Institute.

4. Issues of radium-Procedure—(1) Subject to the provisions of rule 3 above, applications for the supply of radium for treatment shall be made to the issuing authority (officer-in-charge of the radium), viz., to the First Physicist or the Second Physicist of the Institute as the case may be by the Radio-therapist in-charge of the Radium ward in the case of the General Hospital, and to the Radiologist of the Hispital in the case of the Women and Children Hospitals, and to the Superintendent in the case of the Ophthalmic Hospital, by Medical Officers not below the rank of Civil Surgeon, Clinical Professor or Clinical Lecturer working in those hospitals, in "Radium request forms" (Form E appended to these rules), at least two days before the date on which the radium is required. In cases of emergency, applications may be sent 24 hours in advance, with an indication of the nature of the emergency. Immediately on receipt of applications, particulars thereof shall be entered in the radium diary referred to in rule 2(3) (ii).

The radium shall be supplied promptly on receipt of the requisitions. If for any reasons, the radium applied for cannot be issued, the officer applying shall be informed promptly of the date on which the requisition can be met, and unless the requisition is withdrawn, it shall be complied with on that date.

(2) The radium issued shall be delivered personally by a Physicist detailed for the purpose by the Dean in the case of the General Hospital, and by the Radiologist in the case of the Women and Children Hospital, and by an officer, not below the rank of Civil Assistant Surgeon detailed for the purpose by the Superintendent in the case of the Ophthalmic Hospital.

Delivery shall be made to the Radio-therapist in the case of the General Hospital and to the indenting Medical Officer in other cases, or to persons authorised in writing by the Radio-therapist or the Medical Officer, as the case may be to receive the radium. Before the radium is actually delivered, the officer in-charge of the radium shall obtain the signature of the indenting officer or the person authorised in writing by him to receive the radium, in the radium issue register in token of having received the radium. He shall also make the necessary entries in the radium daily check book referred to in rule 2(3) (iv) immediately after the radium has been issued.

5. Radium issued for treatment—Custody, maintenance and verification.—(1) In every hospital in which radium treatment is given, an emergency radium box shall be maintained, in such safe custody, as the Superintendent of hospitals may direct, for the temporary storage of radium in the following cases :—

(i) When the needles are removed on the expiry of the specified period of application when such removal is made at other than working hours;

(ii) When radium slips out of position during other than working hours and has to be removed and temporarily stored; and

(iii) When the radium obtained for implantation cannot, for any reason, be used during working hours on the same day.

The radium needles removed during working hours shall be returned direct to the officer-in-charge of radium and shall not be temporarily lodged in the emergency radium box unless they are required to be re-applied to the same patient.

One key of the box shall be entrusted to the ward sister, or in her absence, the duty nurse, and the other shall be in the hands of the Resident Medical Officer. The box shall be opened only in the presence of the duty Assistant Surgeon or the Resident Medical Officer or the Medical Officer who has obtained the radium for treatment. A register in Form G (appended to these rules) shall

be kept in the box and whenever radium is taken from or placed back in the box, full particulars of the radium removed or restored shall be entered immediately in the register and attested by the sister or nurse in charge and further attested by the duty Assistant Surgeon or the Resident Medical Officer.

(2) Every Medical Officer who is issued radium for treatment shall maintain in the ward in which the radium is used, a radium daily check book in Form D-I appended to these rules. The book shall show the quantity and other particulars of radium in his charge, the date of its receipt, the name of the patient for whose treatment it has been obtained, the date of its return to stock and such other relevant details.

(3) The Medical Officer shall arrange to insert or apply the radium to the patient immediatly on its receipt. If any delay in its application is expected the procedure outlined in sub-rule (1) of rule 5 shall be followed. When the radium is removed during other than working hours, it shall be entrusted to the Resident Medical Officer or the duty Assistant Surgeon who shall restore it at once to the emergency radium box. The acknowledgement of the Resident Medical Officer or the duty Assistant Surgeon, as the case may be should be obtained in the daily radium check book when the radium is entrusted to him and simularly acknowledgement for its receipt back from him should also be entered in the book. The book shall be scrutinized daily by the medical officer who obtained the radium for treatment. The ward Assistant Surgeon shall also report daily at 10 a.m. to the Resident Medical Officer the amount of radium in his ward whereupon the Resident Medical Officer should check the entries in the radium check book and shall satisfy himself as to the proper maintenance of the book, if necessary by tallying it with the register in Form G placed inside the emergency radium box.

(4) In the General Hospital, in partial modification of the provision of sub-rules (2) and (3) above, the Assistant Surgeon in the Cancer Unit shall maintain the radium daily check book in Form D-1 showing the needles in his charge in use against the patients in his ward and he and the Physicist shall meet every day at 10 a.m. and tally the entries in the Assistant Surgeons daily check book and those in the daily check book maintained by the Physicist with reference to the provisions of rule 2(3) above. The Physicist shall append a certificate of verification and correctness of the entries in the ward check book.

(5) Radium received for treatment and no longer required shall be returned without delay by the Medical Officer who had obtained it or through an officer not below the rank of Civil Assistant Surgeon to the issuing authority for storage. The officer returning the radium shall obtain a receipt in Form F appended to these rules acknowledgedging the return. Radium removed and temporarily stored in the emergency radium box pending return to the officer in charge of radium, shall be returned to that officer with the least practicable delay.

(6) Preparation and application of radium—(i) The Medial Officer who has obtained radium for treatment or any other officer authorized by him, in writing, should alone apply radium or radium mould to a patient.

(ii) Application of radium shall be so timed as to obviate its removal and return to stoers on a Sunday. If it is necessary to remove, before the appointed time, the radium applied, the provisions of rules 5(3) or rule 5(5) as the case may be shall be followed.

(iii) No mercury or iodine solution of any kind shall be placed in contact with a radium containing or used on patients to whom radium is to be administered. Tubes and needles shall be sterilized by boiling or by immersion in methylated spirit.

(iv) Radium needles are fragile and must be handled carefully and gently, expecially when they have to be implanted in Columbia paste moulds. They shall not be held with the fingers or in ordinary types of presure forceps but by the special radium needles forceps. They shall be inserted by means only of the special introducers.

(v) In addition to knotting each stand of gut at the eye of the needle, each of the pieces of gut attached to the varous groups of needles used shall be knotted together before the whole assembly is fastened with a stitch to the patient's skin. Ligatures attached to the needles shall be counted as soon as all the needles have been put in place and all the radium needles shall be accounted for at the conclusion of the operation. Any discrepancy shall be reported immediately to the Dean through the Director in the case of the General Hospital or to the Superintendent in the case of other hospitals.

(vi) No radium shall be transferred from one patient to another direct.

(vii) All surface applicators shall be made to the satisfaction and approval of the Radio-therapist. (In the General Hispital, the surface applicators shall be made in the mould room of the Physicist Department by the Technician under the supervision of the Physicist and to the satisfaction and approval of the Radiotherapist). The mounting of the radium shall be done by the Mould Technician under the immediate supervision of the Physicist as per the physical plan approved by the Radiotherapist. The Physicist shall have the moulds X-rayed and arrange to hand over the mould to the Therapist.

(7) Care of radium applied.—(i) as soon as the needles have been implanted or inserted and before the patient leaves the operation theatre, the Assistant Surgeon on duty at the operation theatre shall enter in the special register in Form H maintained in the theatre and in the patient's case sheet, the number and strength of the radium needles inserted and the date and time of insertion. The same particulars shall also be entered on a red luggage lable stocks of which shall be maintained in the operation theatre and the lable shall be tied to the patient. A red coloured bandage shall also be used over the dressings to indicate that radium is in use on the patient.

(ii) Each such patient in whom radium has been inserted or implanted shall then be radiographed immediately, in order to check the position of the needles and to facilitate search for needles, in case they are missed or lost.

(iii) The patient shall then be taken by one of the staff nurses of the theatre to the radium ward or to the ward in which radium application cases are accommodated, and handed over with the red luggage label to the staff nurse of the ward. The staff nurse of the ward shall then tie the label to the patient's cot and the label shall remain so tied till all the radium has been removed from the patient. The radiograph of the patient with the needles applied shall also be handed over to the ward nurse who shall acknowledge the entry of the patient into the ward, with the radium applied to him or her, in the theatre radium register in Form H. The responsibility for the radium shall then pass from the Assistant Surgeon on duty at the theatre to the staff nurse in charge of the ward, subject to the general responsiblity of the Assistant Surgeon in-charge of the ward.

(iv) The Assistant Surgeon in-charge of the ward shall make entries in the daily radium check book in Form D-1.

(v) Patients to whom radium treatment is being given shall be kept in radium wards containing (if possible) a radium safe, if such wards have been provided. In other cases, suitable arrangements shall be made to keep them away from other patients, so as to ensure the safety of the radium and to minimise the number of persons handling the radium and the possibility of loss during transport from one ward to another Separate arrangements shall also be made for male and female patients. The patients shall not be allowed to leave their respective wards unless they are accompanied by the duty nurse. Visitors shall not be allowed to come near or such patients if there is any danger of their meddling with the radium.

(vi) Whenever a patient to whom radium has been applied is dressed, the date on which this is done, together with a record of the number of strands of gut visible, shall be entered in the case sheet by the Assistant Surgeon doing the dressing, the greatest possible care being taken at such periodical dressings to prevent any loss of the radium Dressings removed from patients shall be stored and shall be destroyed only after they have been very carefully examined. Such examination shall be made by an officer not below the rank of an Assistant Surgeon in the presence of the sister or nurse on duty and both shall certify that the examination has been made in accordance with these rules. Where necessary, the dressings shall be preserved for being X-rayed. The nurse on duty shall see that dressings and moulds, etc., from patients to whom radium has been applied are not sent away with the ordinary rubbish, but burnt in the hospital incinerator itself, so that in the event of loss of radium the search for it can be restricted to the hospital premises. In cases where radium has been implanted to the genito-urinary passage or rectum, the nurse on duty shall carefully examine the urine and faeces, before they are disposed of. The duty nurses shall certify in the radium report book in Form I that they have done this work as prescribed in these rules.

(vii) In the General Hospital in partial modification of the provisions of sub-rule (6) above, all dressing of patients undergoing radium treatment shall be preserved until such time as the Physicist has checked them with the radium detector and certified that they do not contain any radio-active substance. The Physicist shall attend to this item of work every day at 10 a.m.

(8) Removal of radium applied to patients.—(i) The removal of the radium or the radium mould during or after treatment shall be done only in the presence of the Medical Officer who has obtained radium for treatment or the ward Assistant Surgeon under instructions from the Medical Officer. In every case in which radium is removed, the ward Assistant Surgeon, or the Assistant Surgeon on duty at the theatre, or the Resident Medical Officer, as the case may be shall make entries in—

(a) the theatre register in Form H;

(b) the ward radium check book in Form D-I; and s

(c) the patient's case sheet.

The number of needles removed with their strength shall be entered in the above documents In the case of General Hospital, the Medical Officer or his authorised assistant shall arrange for the dismantling of the radium moulds and cleaning of the needles in his presence with the help of the unskilled staff and then return the needles to the Physicist who shall acknowledge receipt of the same in the daily check book of the ward and bring them on to the stock.

(ii) Any defect in the mould irrespective of its nature shall be deemed to be serious and likely to endanger the safety of the needles in it and every attempt, shall be made at once to ascertain whether there has been any loss of radium. Whenever there is reason to doubt that there has been any tampering with radium needles implanted or applied, the Director, in the case of the Institute, and the Superintendent of the Hospital, in other cases, shall be immediately informed so that he may order X-ray pictures to be taken.

(iii) Every hospital where radium is used shall be provided with a detector used in scientific search for radium. The detector shall be frequently tested to ensure that it is in working order at all times.

(iv) Radium containers shall be cleaned in methylated spirit before being returned to the officer in charge of radium. A receipt shall not be issued for the return of improperly cleaned containers. Radium containers shall not be cleaned near sinks, lest they are dropped down the sink and get lost.

(9) *Radium applied to patients—Responsibility of nursing and medical staff for care.*—(i) Whenever radium treatment is being given, the Matron shall appoint a special nurse for day duty and one for night duty. The nurse, so appointed, shall be held responsible for the care of the radium under the instructions of the medical officer who has obtained the radium for treatment The nurse shall maintain a Nurse's radium report book in Form I appended to these rules, The nurse in charge of a ward containing patients undergoing radium treatment, when relieved, shall hand over the Nurse's radium report book containing particulars of radium in the ward. to the relieving nurse and both shall sign the report in token of the correctness of the entries.

(ii) The Matron or the ward sister, as the case may be, shall check the Nurse's radium report book each morning when taking over her duties shall singh the book and enter the date in token of scrutiny. The night nurse shall show her radium report book to the Resident Medical Officer on his night rounds. The Redsident Medical Officer shall initial the book and append the date in token of his scrutiny.

(iii) If any needles slips out of position, a report shall immediately be made by the nurse on duty in the Nurse's radium report book. She shall at the same time communicate with the medical officer in charge of the case or, in his absence, the duty medical officer whatever the hour of the day or night. The medical officer shall at once respond to the call and having taken over the radium shall place it in the emergency radium box. He shall also satisfy himself that the mould or other container is intact and has not been tampered with. If he has any suspicion in the mater he shall immediately consult the Resident Medical Officer and both officers shall, certify whether everything has been found to be correct. The result of the verification shakk be noted briefly in the case sheet of the patient and a detailed report of the occurrence shall be included in the duty Medical Officer's morning report.

(iv) The Resident Medical Officer shall assure himself, in the course of his ward rounds, of the efficiency of the bandages, dressings, and strappings securing radium.

(v) Medical Officers who receive radium for treatment and all those who handle the radium, either in the process of application to patients or removal from patients or otherwise, shall make reasonable arrangements to cover the safety of the radium, at every stage with which they are concerned. and to ensure that a definite person or persons is or are responsible for its custody at any given time.

(10) *Loss of radium—Proceedings in the event of.* (a) In the event of loss of radium, the following procedure shall be followed :—

In the General Hospital, the Director, the Radio-therapist in charge of the case, the Physicist and the Dean (or the Resident Medical Officer in his absence) shall all be immediately informed by the medical officer who suspects any loss. In the other hospitals, similarly, information shall be given by the medical officer concerned to the Superintendent or the Resident Medical Officer in the Superintendent's absence, and to the Rediologist of the Hospital.

(b) The medical officer as well as the authorities referred to in sub-rule (1) above informed by him, shall take immediate steps to secure that floors are not swept and furniture sinks and sluic s not disturbed. If an X-ray examination of the patient is necessary, the clothes worn by

the patient shall be changed before the patient is taken from the ward for such examination and preserved. No dressings or laundry shall leave the ward, nor dust-bins emptied until further instructions are issued by the Dean or the Superintendent of the Hospital. Steps shall also be taken to prevent any rubbish or any dressings from being destroyed or removed from the ward.

(c) The Dean or Superintendent of the Hospital shall at once organise a scientific search for the missing radium. The search will be carried out by the Physicist of the Institute in the case of hospitals in Madras City. The Physicist of the Institute shall carry out the search as quickly as possible. The Assistant Surgeon in charge of the ward and the nursing staff and all other personnel concerned shall give every possible assistance to the Physicist in such a search. At the end of the search, should it prove abortive, the Physiist of the Institute shall send a report to the Dean of the Hospital that all possible ways of detecting the radium were tried and certify that a loss has occurred.

(d) The Dean!Superintendent shall notify the first report of loss of the readium to the Police and the Director of Medical Education/Director of Health Servics and Family Planning immediately. When the Physicist or Radiologist has certified that any radium should be deemed to have been lost, the Dean, in the case of the General Hospital, and the Superintendents of the Hospitals in other cases, shall notify the loss to the Director of Health Services and Family Planning/Director of Medical Education.

(e) The Director of Health Services and Family Planning The Director of Medical Education shall, thereupon, communicate his information to the Accountant-General and the Government and shall forthwith appoint a Court of Enquiry so that it may hold its first sitting not more than a week after the date of the loss.

(f) The Court of Enquiry shall consist of three officers not in any way connected with the loss, each of them nor below the rank of a Civil Surgeon, when officers of such rann are avsilable in the station.

(g) The Court shall make a thorough enquiry as expeditiously as possible, calling for and examining witnesses and taking written statements f om all concerned, and submit a detailed report to the Director of Health Services and Family Planning!Director of Medical Education indicating definitely whether the responsibility for the loss should devolve on any particular person or persons, and whether the whole or any part of the value of the radium lost should be recovered from the person or perskns concerned.

(h) The report of the Court of Enquiry together with all relevant records shall be forward to the Government with the relmarks of the Director of Health Services and Family Planning! Director of Medical Education thereon.

(i) The proceedings of the Court and its findings shall be treated as confidential.

FORM A.

RADIUM STOCK REGISTER.

Denomination (milligram of aradium element of radium container.)

Date of receipt of radium	Number of containers.	Certificate of purely number and date receipt of certificate.	Certificate of measurement number and date of receipt of certificate.	Mgm. content of each container in mgm.	Total length of each container in mms.	Active length of each container in mms.	Settlemege i.e., filtration in mm pt.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Incised identification marks on the container.	Whether silhouted autophotographs were obtained and approved and dates of receipt and approval.	Source fo purchase.	Cost.	Remarks (Comments and date to be entered when container is lost, damaged or sent for repairs or is received back after repairs.)	Total stock.	Signature of officer in-charge of radium.	Signature of Superintendent.

FORM B.

Radium Diary.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Indent number.	Date of indent.	Name of patient.	Age.	Sex.	Disease.	Details of radium requires to be supplied.	Date of receipt of indent by the officer in-charge of radium.	Medical Officer in charge of radium treatment.	Date of compliance of the indent.	Initials of the officer in-charge of radium after issue.	REMARKS.

FORM C.

Radium issue Register.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Issue number.	Date and t e of issue.	**Indent number.**	Name of patient.	**Age.**	**Sex.**	**Disaese.**	**Details of radium issued.**

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Medical Officer incharge of the case.	Signature of the officer who receive the radium.	Details of radium received back after use.	Receipt number.	Date and time of return of radium after use.	Initials of the officer in-charge of radium.
(9)	(10)	(11)	(12)	(13)	(14)

FORM D.

Daily Radium check book maintained by the Officer incharge of radium

Government General Hospital (Barnard Institute of Radiology), Madras! Women and Children Hospital, Madras Ophthalmic Hospital. Madras.

Return showing where the radoum is in use each morning at 10. am.m.
on day the 198.

	Milligrams of radium element in needs and tubes.							
Contents of radium containers.	0.5	0.6	0.66	1.0	1.33	2.0	2.5	3.0
Number of radium containrer in the main safe with issued—Nil.								

Name of patient for whom radium is issued—Nil.	Medical Officer in-charge of the patient.	Number issued and date of issue.	Number returned and date of retrun.	Initials of the Officer- in charge of radium.

Total in use .. ..

Balance of stock in the main safe.

Total .. .. ..

	Milligrams of radium element in needles and tubes.							
Contents of radium containers.	5.0	6.0	6.66	10.0	12.5	13.33	15.0	25.0
Number of radium containers in the main safe with nil issued.								

Name of patient for whom radium is issued	Medical Officer in charge of the patient.

Total in use ..

Balance of stock in the main safe.

Total .. .. ..

Signature of the officer in-charge of radoium.

FORM D-1.

Daily radium check book maintained by the Radium Ward Medical Officer.

Government General Hospital, Madras/Women and Children Hospital, Madras/ Opthalmic Hospital, Madras.

Return showing details of radum in use the Radium ward at 10.00 a.m. on day, the 197

contents of radium containers.	Milligrams of radium element in needles and tubes.									Initials of ward Medical Officer.
	0.5	0.6	0.66	1.0	1.33	2.0	2.5	3.0	Receipt return.	
Name of patient and Medical Officer in-charge of patient.										
Total in the ward										

	Milligrams of radium element in needles and tubes—*cont.*							
Contents of radium containers.	5.0	6.0	6.66	10.0	12.5	13.33	15.0	25.0
Name of patient and medical officer in-charge of patient.								
Total in the ward.								

Certified that the stock of radium in the ward as entrered here is correct.

Signature of the Ward Medical Officer.

Signature of the officer in-charge of radium.

COUNTERFOIL.

FORM E.

Requisition for supply of radium.

Indent No.

Date.

The Officer in-charge of Radium,
Barnard Institute of Radiology, Madras/
Women and Children Hospital, Madras/
Opthalmac Hospital, Madras.

Sir,

Please arrange to supply the following* radium containers for use on patient (Ward age Sex

a case of (diagnosis) for radium implantations mould/cavitary application.

*(1) needles of	Mgm, each of total length.	mms.
(2) ,,	,,	,,
(3) ,,	,,	,,
(4) ,,	,,	,,
(5) ,,	,,	,,
(6) ,,	,,	,,
Total needles.	mgms.	

Date on which radium is required to be supplied..................

Signature of Medical Officer in-charge of the case.

COUNTERFOIL.

FOEM F.

Receipts for the return of radium after use.

Numbers	Dates
	Time :

Name of patient :

Medical Officer in-charge of patients

Received	needles of	mgm. each Total		mgms
	,,	,,		,,
	,,	,,		k,
	,,	,,		,,
	,,	,,		,,
	,,	,,		,,
Total		needles.	Total	mgms.

Signature of the officer in-charge of radium

Form G.

Particulars of radium in the emergency radium box.

				Signature of the staff.							
Date and time.	Name of patient.	Details of radium deposited in the box.	Depositor's signature.	Day nurser.	Night nurse.	Night Superintendent	Details of radium removed for use or for return.	Signature of person removing the radium.?	Date and time of removal from the box.	Signature of nurse of sister.	Signature of duty Assistanl Surgeon of Residantis Medical Officer.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

Form H.

Radium—Details of radium in application on patients.

					Signature of staff.				
Date and time application.	Name of patient.	Details of radium (number of needles and strength) implanted or in the mould.	Signature of the Assistant Surgeon.	Details of radiographs, date number, region etc.	Day nurse.	Night nurse.	Details of radium removed and by whom.	Date and time of return to officer in-charge of radium.	Remarks.
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

FORM I.

Nurses' radium report book.

day, the 198 .

Bed number.	Name of patient with radium.	Details of radium (i.e., number of needles and strength).	Remarks, such as whether any radium is slipping out, etc.	Signature of the nurse who is handing over.	Signature of the nurse who is taking over.	Initials of Matron or ward sister after scrutiny.	Initials of Resident Medical Officer during night rounds.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Certified that all the dressing, during and faces, etc., of patients, having radium have this day been carefully examined by me in accordance with the rules.

Day Nurse.

748. **Detection of radium needles lost by private medical practitioners or institutions.**—The Director of Health Services and Family Planning/Director of Medical Education is permitted to lend, whenever necessary, the services of the Physicist, Barnard Institute of Radiology, Government General Hospital, Madras, with a Radium Detector, for helping private medical practitioners or institutions, to detect loss of radium needles, subject to the conditions that Government work does not suffer on this account and that the following charges are met by the party concerned :—

(1) Travelling allowance and daily allowance as per Tamil Nadu Travelling Allowance Rules to the Physicist, Barnard Institute of Radiology for his to and for journey between Madras and the place concerned ;

(2) Any contribution that may be required under relevant rules of the State towards the pay and allowances of the Physicist during his stay at the required place ;

(3) The charges prescribed in paragraphs 649 for the loan of Government instruments to private medical practitioners ; and

(4) The charges for damage, if any, caused to the Radium Detector while in transit or during use for the purpose.

(G.O. No. 2205, Health, dated 9th July 1952.)

Section 5.

BOOKS AND PERIODICALS.

749. **Purchase of books and periodicals,**—The Director of Health Services and Family Planning/Director of Medical Education, is empowered to sanction for the use of his own office and the institutions and office subordinate to him, the purchase of books, maps, newspapers and periodicals, subject to the following conditions :—

(1) That there is budget provision to meet the cost of the publications ;

(2) That the books are really necessary for the discharge of official duties;

(3) That commentaries or annotations on Acts of the Legislature which are published without any official authority or Law Report other than those published with du authority under the Indian Law Reports Act, 1875, are on no account purchased without the previous sanction of the Government ;

(4) that the supply of any private publication to a whole class of Government servants shall not be sanctioned, except with the previous approval of Government ; and

(5) That books published in India are brought in India and that foreign publications are obtained normally through Trade channels in India or from foreign publishers or suppliers direct.

(G.O. No. 743, Financial, dated 7th September 1925
Government Memorandum No. 3132-Acts-2, dated 4th February 1942 and
Government Endorsement No. 63100-CS/51-1, Health, dated 2nd January 1952.)

750. **Powers of subordinate officers to purchase books, etc.**—(*a*) Subject to the general rules laid down in item 8 of Appendix 7 of the Tamil Nadu Financial Code, Volume II, and to any special restriction, limit or remarks mentioned against any particular entry below, the following authorities are empowered to sanction the purchase of books and maps required for their own offices and offices subordinate to them :—

Authority	Special restriction limit or remarks.
(1)	(2)
Medical Officers not below the rank of Civil Surgeons in-charge of hospitals or colleges.	May buy with the previous approval of the Director of Health Services and Family Planning/Director of Medical Education, works published in or out of India.
Dean, Government General Hospital, Madras.	May buy books on nursing and hospital management subject to a limit of Rs. 300 per annum.

(*b*) Subordinate officers who have been authorised to purchase books will be bound by the instructions in force from time to time prescribing the kind of books which may be purchased and the expenditure which may be incurred on them, Indents from these officers for such books as are outside their powers for sanction or for maps, newspapers and periodicals or proposals for additions to or omissions from the lists of periodicals and newspapers supplied to them should be submitted to the Director of Health Services and Family Planning/Director of Medical Education.

(*c*) The powers delegated to the subordinate officers for the purchase of books should not be held to cover the purchase of any specially expensive work such as " Murray's New Oxford English Dictionary ".

(*d*) With the previous approval of the Director of Health Services and Family Planning Director of Medical Education, Officers of the Medical Department in charge of hospitals or colleges may place an order with the publishers direct or through the Government Agent for a periodical published in or out of India.

(Government Memorandum No. 3132-Acts-2, dated 4th February 1942.)

(*e*) The following Heads of the Medical Colleges are empowered to purchase books and periodicals required for use in their colleges to the maximum amount mentioned against each subject, however, to the existence of budget provision :—

Superintendent, Government Mental Hospital	Rs. 10,000 per annum.
Director, King Institute, Guindy	Do.
Director, Institute of Obstetrics and Gynaecology and Hospital for Women and Children, Madras.	Rs. 3,000 per annum.

(G.O. Ms. No. 1848, Health, dated 22nd July 1963.)

Deans of Medical Colleges in Madras City	Rs. 30,000 per annum.
Principal, Thanjavur Medical College, Thanjavur	Rs. 15,000 per annum.

(G.O. Ms. No. 1495, Health, dated 24th September 1968.)

Principal, Coimbatore Medical College, Coimbatore	Rs. 15,000 per annum.

(Government Memorandum No. 66235/E/74, dated 4th December 1974.)

Dean, Madurai Medical College, Madurai	Rs. 30,000 per anuum.

(Government Memorandum No. 54049/A/70-5, dated 12th March 1971.)

Principal, Chingleput Medical College, Chingleput	Rs. 10,000 per annum.

(G.O. Ms. No. 1383, Health, dated 17th June 1965.)

751. Official priced publications.—The rules in accordance with which Government servant should obtain when necessary, priced publications of the Government or of the Central Government or any other State Government are contained in the Tamil Nadu Printing Manual. The same manual contains also the rules regarding the supply of priced publications of the Government to other Governments, local bodies, etc. The Director of Health Services and Family Planning/The Director of Medical Education may, if necessary, obtain copies of the Administration reports and the like issued by the corresponding Departments of other State Governments on an exchange basis or, if the Department of the other Government does not agree to exchange on payment.

752. Purchase of books, publications and periodicals from abroad.—(1) No foreign exchange sanction is necessary from the Ministry of Finance, Government of India for the purchase from abroad of books, publications and periodicals required for use in Government institutions. Medical Officers, may with the sanction of the competent authority, obtain their requirements of foreign publications through the usual trade channels in India or from foreign publishers or suppliers direct. As regards orders placed direct on publishers or distributors abroad, remittances can be arranged through any authorized dealer in foreign exchange. In such cases import licences should be obtained where necessary. At present no licences are required for the import of books, maps, charts and other similar publications for import from soft currency countries. Imports from hard currency countries cannot however be effected without import licences but these are liberally granted when the books and publications are of a technical nature required for the use of the Government Department.

(2) In cases where difficulty is felt in securing any technical publications for the use of Government Departments the indentor may seek the assistance of the D.G.I.S.D., London.

Director, India Supply Mission, Washington for procuring the publications for them as these officers have been authorized to comply with the indents without asking for specific foreign exchange sanction.

(G.Os. No. 201, Finance, dated 3rd March 1949,
No. 676, Finance, dated 15th June 1951 and
Government Endorsement No. 63100-CS/51, Health, dated 2nd January 1952.)

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CHAPTER XX.

THE ADMINISTRATION OF DRUGS AND COSMETICS ACT, 1940 AND RELATED LEGISLATIONS.

753. The Drugs and Cosmetics Act and the Drugs and Cosmetics Rules, 1945.—The Drugs and Cosmetics Act, 1940 (Central Act XXIII of 1940) was passed to regulate the import, manufacture, distribution and sale of drugs in the whole of India. The rules framed by the Union Government under Section 33 of the Drugs and Cosmetics Act, 1940 for the administration of the Act are contained in the Drugs and Cosmetics Rules, 1945. The Chapter IV of the Act had come into force in Tamil Nadu on 1st April 1947.

(G.O. No. 3240, Public Health, dated 14th December 1947.)

754. The Drugs Technical Advisory Board.—A Board called the Drugs Technical Advisory Board has been constituted by the Government of India to advise the Central Government and the State Governments on technical matters arising out of the Administration of the Drugs Act and to carry out the other functions assigned to it by the said Act.

755. The Central Drugs Laboratory.—A Central Drugs Laboratory has been established under the control of a Director appointed by the Central Government to carry out the functions entrusted to it by the Act and the rules made thereunder.

756. The Drugs consultative Committee.—A Drugs Consultative Committee has also been set up by the Central Government to advise the Central Government, the State Governments and the Drugs Technical Advisory Board on any matter tending to secure uniformity throughout the States in the administration of the Act.

757. Administrative staff at Headquarters.—(*a*) The Director of Health Services and Family Planning has been notified as the Drugs Controller and the licensing authority for the State of Tamil Nadu for the grant of various licences under Chapter IV of the Drugs and Cosmetics Act. He is assisted by one Deputy Drugs Controller and two Assistant State Drugs Controllers.

(*b*) Functions of the Administration :—

(i) Enforcement of the Drugs and Cosmetics Act, 1940.

(ii) Enforcement of the Drugs and Magic Remedies (O.A.) Act, 1954.

(iii) Enforcement of the Drugs (Prices Control) Order, 1970.

(iv) Rendering technical assistance to the Board of Revenue with regard to the enforcement of Medicinal and Toilet Preparation (E.D.) Act, 1955, and Dangerous Drugs Act, 1930.

(v) Preparation of Estimates and allocations of Narcotic Drugs.

(vi) Enforcement of the provisions of Tamil Nadu Manufactured Drugs Rules and G.O. 3031, Home, dated 1st November 1958 in so far as they relate to the administration.

(vii) Functions arising out of being the sponsoring authority for actual uses of Drugs under Import Trade Control Order, 1955.

(viii) Rendering technical assistance in the enforcment of Poisons Act.

758. Issue of licences.—Under Chapter IV of the Drugs and Cosmetics Act, the following licences are granted and renewed under the authority of the Drugs Controller :—

(i) Licences for the sale of drugs both in retail and wholesale (Form 20A, 20, 21A, 21, 20B, 21B).

(ii) Licences for sale by retail and wholesale Homoeopathic medicines (Form 20C, 20D).

(iii) Licences for the manufacture for sale of drugs including repacking (Form 25, 28, 25A, 28A, 25B).

(iv) Licence for the manufacture for sale of Cosmetics (Form 32).

(v) Licence for manufacture of drugs for test or examination (Form 29).

(vi) Licence for the manufacture for sale of Homoeopathic preparations (Form 25C).

759. **Inspection of sales and manufacturing concerns.**—(i) Inspection of sales and manufacturing concerns both in city of Madras and muffassil is carried out by Drugs Inspectors and Senior Drugs Inspectors. They also inspect hospital pharmacy and medical stores of Government Medical Institutions.

Deputy State Drugs Controller and Assistant State Drug Controllers also inspect manufacturing concerns and Hospital Pharmacy and Medical stores.

760. **Appointment of Inspectors.**—(1) Section 21(1) of the Drugs Act lays down that the State Government may, by notification in the Official Gazette appoint such persons as it thinks fit, having the prescribed qualifications to be Inspectors for purposes of Chapter IV of the said Act within such local limits as it may assign to them provided that no person has who any financial interest in the manufacture or sale of drugs shall be appointed to be an Inspector.

(2) 59 Inspectors and 10 Senior Drugs Inspectors have been appointed in Tamil Nadu. Out of them 22 Drugs Inspectors and 4 Senior Drugs Inspectors are stationed at Madras City in the office of the Drugs Controller. 37 Drugs Inspectors and 6 Senior Drugs Inspectors are working in the muffasil as detailed below :—

Headquarters. (1)	Number of Senior Drugs Inspectors. (2)	Number of Drugs Inspectors. (3)
1. *Chingleput District*—		
(*a*) Kancheepuram	1	2
(*b*) Trivellore	..	1
2. *South Arcot District*—		
Cuddalore	..	2
3. *North Arcot District*—		
(*a*) Vellore	..	2
(*b*) Tiruvannamalai	..	1
4. *Thanjavur District*—		
(*a*) Nagapattinam	1	..
(*b*) Mayavaram,	..	2
(*c*) Mannargudi	..	2
5. *Tiruchirappalli District*—		
(*a*) Tiruchirappalli	..	2
(*b*) Karur	..	2
6. *Madurai District*—		
(*a*) Dindigul	1	1
(*b*) Palani	..	1
(*c*) Melur	..	2
(*d*) Periakulam	..	1
7. *Ramanathapuram District*—		
(*a*) Ramanathapuram	..	2
(*b*) Srivilliputhur	..	

(1)	(2)	(3)
8. *Tirunelveli District—*		
(*a*) Tuticorin	1	1
(*b*) Tenkasi	..	2
9. *Kanyakumari District—*		
Nagercoil	..	1
10. *Dharmapuri District—*		
Dharmapuri	..	1
11. *Nilgiris District—*		
Ootacamund	..	1
12. *Salem District—*		
(*a*) Salem	1	1
(*b*) Namakkal	..	1
13. *Coimbatore District—*		
(*a*) Erode	1	1
(*b*) Gobichettipalayam	..	2
(*c*) Udumalpet	..	2

3. *Deleted.*

761. **Duties of Drugs Inspectors.**—1(*a*) Subject to the instructions of the controlling authority it shall be the duty of an Inspector authorized to inspect premises licenced for the sale of drugs—

(1) to inspect not less than twice a year all establishments licenced for the sale of drugs within the area assigned to him ;

(2) to satisfy himself that the conditions of the licences are being observed ;

(3) to procure and send for test or analysis, if necessary, imported packages which he has reason to suspect containing drugs being sold or stocked or exhibited for sale in contravention of the provisions of the Act or Rules thereunder ;

(4) to investigate any complaint in writing which may be made to him ;

(5) to institute prosecutions in respect of breaches of the Act and Rules there under ;

(6) to maintain a record of all inspections made and action taken by him in the performance of his duties, including the taking of samples and the seizure of stocks and to submit copies of such record to the controlling authority ;

(7) to make such enquiries and inspections as may be necessary to detect the sale of drugs in contravention of the Act.

(*vide* rule 51 of the Drugs and Cosmetics Act, 1940.)

1. (*b*) Duties of Inspectors specially authorised to inspect the manufacture of drugs.—Subject to the instructions of the controlling authority it shall be the duty of an Inspector authorised to inspect the manufacture of drugs—

(1) to inspect not less than twice a year, all premises licenced for manufacture of drugs within the area allotted to him and to satisfy himself that the conditions of the licence and provision of the Act and rules thereunder are being observed ;

(2) In the case of establishments licensed to manufacture products specified in Schedule C and C(1) to inspect the plant and the process of manufacture, the means employed for standardising and testing the drug, the methods and place of storage, the technical qualifications of the staff employed and all details of location, construction and administration of the establishment likely to affect the potency or purity of the product.

(3) to send forthwith to the controlling authority after each inspection a detailed report indicating the conditions of the licence and provisions of the Act and Rules thereunder which are being observed and the conditions and provisions if any, which are not being observed;

(4) to take samples of the drugs manufactured on the premises and send them for test or analysis in accordance with these rules;

(5) to institute prosecutions in respect of breaches of the Act and Rules thereunder.

(Vide rule 52 of the Drugs and Cosmetics Act, 1940.)

1. (c) The Inspectors after inspection of sales and manufacturing premises should take follow up action by issuing necessary show cause memo. and submit detailed report to the Drugs Controller whenever serious contraventions are noticed. In order cases sending copies of show-cause memo. will do.

(d) Correspondence which is of technical nature can be sent direct to the Drugs Controller and submission of fortnightly diaries, tour programmes, quarterly reports and other periodicals must be submitted through the District Medical Officer unless otherwise instructed.

2. It is likely that the Drugs Inspectors appointed under Drugs Act, 1940, have to undergo a certain amount risk in performing their duties of inspecting the godowns and places where drugs may be stocked or sold or manufactured or sale in contravention of the provisions of the Drugs Rules and in investigation of any compalints received reagrding stocking or manufacturing for sale of spurious drugs at such places. The Drugs Inspectors are therfore authorised to obtain necessary Police help for the purpose, subject to the fcllwing conditions:—

(i) That the Drugs Inspectors should indent on Police help, only when it is absolutely necessary.

(ii) That when such Police help is applied for, the duty of the Police will only be to overcome any resistance that might be offered by any person when the Drugs Inspectors actually perform their legitimate duties.

(G.O. Ms. No. 3251, Health, dated 15th October 1952, and P. No. 69/D/52.)

3. The Commissioner of Police, Madras and all the District Collectors should make the services of the prosecuting staff available whenever requisitioned by the Drugs Inspectors appointed under section 21(1) of the Drugs Act, 1940, for giving legal advice and conducting prosecution in cases under the Drugs Act, 1940. The Drugs Inspectors should approach the Chief Assistant State Prosecutors or the Assistant State Prosecutor in the city and Assisant Public Prosecutors in the mufassal only in important and complicated cases and should not seek their advice or help in all cases as a matter of routine.

(Government Memorandum No. 19735-Courts III/53/1, dated 1st February 1953 and P. No. 11/D/53.)

4. Ancillary duties.—Since Drugs Inspectors were vested with power under Drugs and Magic Remedies (O.A.) Act, Drugs (Prices Control) Order, 1970, Dangerous Drugs Act, G.O. 3031, Home, dated 1st November 1958 issued under Prohibition Act it shall be their duty to ensure the requirements under these legislations and notifications are complied with.

5. No prosecutions under Drugs and Cosmetics Act, 1940 or any other legislators referred to above or under any other legislation should be launched except with the prior sanction of the Drugs Controller.

6. It shall be the duty of the Inspector to maintain in his office the following registers in a form specified by the Drugs Controller from time to time:—

(a) Register of samples taken.

(b) Register of prosecution launched.

(c) Register of books and periodicals.

(d) Register showing the list of licensees.

(e) Complaint register.

(f) Register of receipt and disposals of application for the grant/renewal of licences.

762. Submission of periodical reports to the Drugs Controller.—Each Inspector shall submit to the Drugs Controller the following returns:—

1. Fortnightly diary in the form prescribed in Annexure I in the Appendix XXX of Tamil Nadu Medical Code, Volume II·

2. Monthly report in the form prescribed in Annexure II in the Appendix XXX of Tamil Nadu Medical Code, Volume II.

3. Quarterly report in the form prescribed in Annexure II in the Appendix XXX of Tamil Nadu Medical Code, Volume II.

4. Annual report in the form prescribed in Annexure IV in the Appendix XXX of Tamil Nadu Medical Code, Volume II.

763. Special instructions to the Drugs Inspectors.—1. Proposals for preferring appeals shoud be submitted to the Drugs Controller speedily as per the order of the Government on the subject.

(R. Dis. No. 488/DI (2)/74, dated 12th June 1974.)

2. Complaints must be launched in courts of law immediately on receipt of sanction of the Drugs Controller.

3. The Senior Drugs Inspectors/Drugs Inspectors shall on no account receive the licence fees from the dealers in the shape of money, money order or cheque and issue receipts to them. Any dealer who approaches an Inspector for the purpose of paying the licence fee should be advised to remit the fee direct into the Government Treasury concerned and send the chalan to the Drugs Controller.

4. It shall be the duty of Drugs Inspectors and Senior Drugs Inspectors to keep in their personal custody the identity card and the brass official seal given to them.

5. Except for purposes of official business or when required by a court of law, an Inspector shall not without the sanction in writing of the Drugs Controller disclose to any person any information acquired by him in the course of his official duties.

(Rule 53 of the Drugs and Cosmetics Rules.)

764. Drugs Testing Organisation, King Institute, Guindy.—(*a*) The Government Analyst (Food), King Institute, Guindy has been notified as the Government Analyst (Drugs) under Section 20 of the Drugs and Cosmetics Act, 1940. The Assistant Director in charge of Department of Biological Control at the King Institute, Guindy has been notified as the Government Analyst (Drugs Special) for purposes of testing drugs coming under Scheduled (c) to the Drugs and Cosmetics Rules 1945

(*b*) *Duties of Government Analyst.*—(1) The Government Analyst shall cause to be analysed or tested such samples of drugs as may be sent to him by Inspectors or other persons under the provisions of Chapter IV of the Act and shall furnish reports of the results of test or analysis in accordance with these Rules.

(2) A Government Analyst shall from time to time forward to the Government reports giving the result of analytical work and research with a view to their publication at the discretion of Government.

(Rule 45 of Drugs and Cosmetics Rules, 1945.)

CHAPTER XXI.

BUDGETS AND GRANTS.

Section 1.

BUDGETS.

765. Budget of the Tamil Nadu Medical Department.—The Tamil Nadu Budget Manual contains the rules regarding the preparation, examination and consolidation of the Budget estimate, their voting by the Legislature, the distribution of appropriations among controlling and disbursing officers; the responsibility of these officers for watching the progress of expenditure and ensuring that it does not exceed the sanctioned appropriations, the authorities competent to sanction reappropriations and the procedure for obtaining supplementary appropriations.

766. Local Body and Municipal Budgets.—(1) The Medical portions of the annual Local Body and Municipal Budgets should be framed by Commissioner of Panchayat Union Councils and Executive Authorities of Municipal Councils in consultation with the District MedicalOfficer concerned. If the proposals and recommendations of the District Medical Officer are rejected by the Commissioner or Executive Authority, reasons should be given in their budget letters. Copies of these letters and of the estimates as far as relate to medical services will be forwarded by the Local Bodies to the Director of Health Services and Family Planning informing him at the same time of the Date on which the local body's budget meeting will be held in sufficient time before the date of meeting. The remarks of the Director of Health Services and Family Planning on the extracts from the Preliminary Budgets should be forwarded direct to the local body concerned before the budget meeting.

(2) Commissioners of Panchayat Unions and Executive Authorities of Municipal Councils should submit their budgets to Government for a financial year by the date prescribed by Government with a copy of the remarks of the Director of Health Services and Family Planning on the Budgets with complete information as to the action taken thereon.

(G.O. Ms. No. 2526, L.A., dated 27th August 1942 and No. 2527, L.A., dated 27th August 1942.)

Section 2.

GRANTS TO LOCAL BODIES.

767. **General.**—Financial assistance is given by Government to Local Bodies and Municiapal Councils in the following ways in respect of medical institutions maintained by them:—

(a) *Deleted.*

(b) *Subsidized Rural Dispensaries.*—(1) By paying subsidies to Medical Practitioners and Maternity Assistants employed in subsidized Rural Dispensaries at the following rates:—

Class of Officers.	Revised rate of subsidy per mensem.	Share payable by Govt. in respect of subsided dispensaries.	Share payable by Panchayat Union in respect of subsidised dispensaries.
	RS.	RS.	RS.
(1)	(2)	(3)	(4
Medical Graduates, Holders of L.I.Ms., L.M.P., D.M. and S. and G.C.I.M. qualifications.	300	200	100
Holders of L.I.M., Qualification and "A" Class and "B" Class practitioners.	225	150	75
Maternity Assistants ..	157.50	105	52.50

(G.O. Ms. No. 2444, Health, dated 7th October 1975.)

768. Grant-in-aid.—The Panchayat Union Councils are eligible for financial assistance from Government by way of Grant-in-aid to cover 50 per cent of the expendituture on the maintenance of one regular dispensary subject to a ceiling of Rs.5.000 per annuam from the year 1964-65 onwards. The half or cent percent grant sanctioned to some of the regular dispensaries had been discontinued with effect from 1964-65. In the case of Panchayat Unions having more han one regular dispensary the grant may be claimed for any one of the institutions selected by the Panchayat Union Council. but the choice made once shall be final. The name of the dispensary chosen will have to be approved by the Government. The grant due to the Panchayat Union Council shall be sanctioned by the Divisional Development Officers. The grant shall be released in two half yearly instalments.

The list of regular dispensaries selected by the Panchayat Unions for claiming the Government grant are furnished in the following table:—

Name of district.	Name of Panchayat Union.	Name of regular dispensary selected for claiming Government grant.
(1)	(2)	(3)
Chingleput	1. Poondi	Pennalurpet
	2. Pallipat	Pallipat
	3. Uthukootai	Vengal
	4. Uthiramerur	Salavakkam
	5. Minjur	Pulicut
	6. Gummidipoondi	Gummidipoondi
	7. Villivakkam	Villivakkam
	8. Sholavaram	Arni
	9. Wallajabad	Wallajabad
	10. Tiruporur	Nellikuppam
	11. Lathur	Cheyyar
North Arcot	1. Arcot	Melvisharam
	2. Thiruppathur	Jolarpet
	3. Kaveripakkam	Kaveripakkam
	4. Nemili	Panappakkam
	5. Madanoor	Marattipalayam
	6. Pernampet	Pernampet
	7. Katpadi	Dharapavedu
	8. Alangayam	Alangayam
	9. Natrampalli	Natrampalli
	10. Gudiyatham	Valathur
	11. Chetpet	Chetpet
	12. Vembakkam	Vembakkam
	13. Kastampadi	Kannamangalam
	14. Pudupalayam	Pudupalayam
	15. Thellar	Desur
South Arcot	1. Melmalayanur	Avalurpet
	2. Markanam	Markanam
	3. Trivennainallur	Tiruvennainallur
	4. Vanur	Vanur
	5. Mailam	Mailam
	6. Mel-Bhuvanagiri	Bhuvanagiri
	7. Kurinjipadi	Kurinjipadi
	8. Chinnasalem	Chinnasalem
	9. Mangalur	Tholudur
	10. Thyagadurgam	Thyagadurgam
	11. Nallur	Pennadam
	12. Sankarapuram	Sankarapuram
	13. Kammapuram	Mudhanai
	14. Kattumannarkoil	Kattumannarkoil
	15. Virdhachalam	Mangalampet
	16. Nellikuppam	Nellikuppam
	17. Kandamangalam	Puranasingapuram
Coimbatore	1. Anamalai	Periapodu
	2. Madukkarai	Madukkarai
	3. Karamadai	Tholampalayam
	4. Gudimangalam	Pedapampatti

(1)	(2)	(3)
Coimbatore—cont.	5. Madathukulam	Madathukulam
	6. Thuckanaickenpalayam	Kallipatti
	7. Kundalam	Kallivalasu
	8. Gobichettipalayam	Kugalur
	9. Modakurichy	Avalpoondurai
	10. Nambiyur	Punjaipuliampatti
	11. Uthukuli	Uthukuli
Salem	1. Gangavalli	Thammampatti
	2. Peddanaickenpalayam	Peddanaickenpalayam
	3. Edapadi	Edapadi
	4. Valapadi	Valapadi
	5. Panamarathupatti	Mallur
	6. Mecheri	Mecheri
	7. Pappireddipatti	Pappireddipatti
	8. Tharamangalam	Tharamangalam
Dharmapuri	1. Veppanapalli	Veppanapalli
	2. Pennagaram	Pennagaram
	3. Uthangarai	Uthangarai
	4. Palacode	Karimangalam
	5. Thalli	Thallai
	6. Keelamanagalam	Rayakottai
The Nilgiris	1. Ootacamund	Kundah
	2. Coonoor	Melur Hosatty
	3. Kotagiri	Sholumattam
	4. Gudalur	Bitharkad
Tiruchirappalli	1. Veppanthattai	Arumbavur
	2. Thathiangarpet	Thathiangarpet
	3. Thottiam	Kattuputhur
	4. Lalgudi	Poovalur
	5. Thuraiyur	Thuraiyur
	6. Mtniakkandam	Somarasempettai
	7. Jayankondan	Udayarpalayam
	8. Alathur	Chettikulam
	9. Senthurai	Sendurai
	10. Aravakurichi	Aravakuruchi
	11. Kulithalai	Thogamalai
	12. Kadavur	Mylampatti
	13. Manaparai	Manaparai
	14. Krishnarayapuram	Krishnarayapuram
Pudukkottai	1. Annavasal	Illupur
	2. Arimalam	Yembal
	3. Avudaiyarkoil	Thiruppunnavasal
	4. Thiruvarankulam	Gandarvakottai
Thanjavur	1. Vedaranyam	Voimedu
	2. Talanayar	Kallimedu
	3. Sembanarkoil	Tirukadaiyur
	4. Kodavasal	Serungalathur
	5. Kottur	Adichappuram
	6. Koradacheri	Koradacheri
	7. Tirumarugal	Enngudi
	8. Nannilam	Peralam
	9. Needamanagalam	Vadavur
	10. Mannargudi	Ponvasal
	11. Tiruvarur	Adiyakkamangalam
	12. Pattukkottai	Thambikottai
	13. Budalur	Budalur
	14. Sethubavachatram	Perumagalore
	15. Tiruvaiyaru	Tiruvalampozhil
	16. Peravurani	Peravurani
	17. Madukkur	Madukkur
	18. Thanjavur	Vallam.

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(1)	(2)	(3)
Madurai	1. Reddiar Chatram	Kannivadi
	2. Vadipatti	Sholavandan
	3. Kodaikanal	Pannaikadu
	4. Vedasandur	Vedasandur
	5. Thoppampatti	Keeranur
	6. Vadamadurai	Vadamadurai
	7. Oddanchatram	Idayakottai
	8. Sedapatti	Saptur
	9. T. Kallupatti	T. Kallupatti
	10. Melur (North)	Kottampatti
	11. Andipatti	Andipatti
	12. Cumbum	Gudalur
	13. Chinnamanur	Chinnamanur
	14. Uthamapalayam	Thevaram
Ramanathapuram	1. Watrap	Watrap
	2. Sivakasi	Thiruthangal
	3. Rajapalayam	Seithur
	4. Kariapatti	T. Veppankulam
	5. Sattur	Nenmeni
	6. Vembakkottai	Elayirampannai
	7. Aruppukkkottai	Pandalgudi
	8. Tiruchuli	Tiruchuli
	9. Singampuneri	Singampuneri
	10. Tiruvadanai	Thondi
	11. Kalayarkoil	Paganeri
	12. Devakottai	Shanmuganathapuram
	13. Kamuthi	Kamuthi
	14. Kannangudi	Vellayapuram
	15. Rajasingamangalam	Rajasingamangalam
	16. Kallal	Kallal
	17. Manamadurai	Manamadurai
	18. Mandapam	Mandapam
	19. Sakkottai	O. Siruvayal
	20. Tiruppuvanam	Tiruppuvanam
	21. Illayangudi	Illayangudi
	22. Tirupattur	Tirukoshitiyur
	23. Sivaganga	Tirumanjolai
Tirunelveli	1. Vasudevanallur	Sivagiri
	2. Karungulam	Seidunganallur
	3. Udangudi	Kulasekarapattinam
	4. Pulur	Pudur
	5. Vilathikulam	Vilathikulam
	6. Thiruchendur	Arumuganeri
	7. Kayathar	Kayathar
	8. Srivaikundam	Eral
	9. Alwarthirunagari	Alwarthirunagari
	10. Pappakudi	Mukkudal
	11. Cheranmahadevi	Viravanallur
	12. Valliyur	Valliyoor
	13. Radhapuram	Radhapuram
	14. Manur	Manur
	16. Alangulam	Nettur
	16. Kilapavoor	Veerakeralampudur
	17. Kadayam	Kadayam
	18. Palayamkottai	Trichanalur
	19. Kalakad	Ervadi
	20. Ambasamudram	Vikramasingapuram

The Panchayat Unions will be eligible for financial assistance by way of grant-in-aid to cover 50 per cent of the expenditure on the maintenance of one regular dispensary subject to a ceiling of Rs. 5,400 p.a. instead of Rs. 5,000 as fixed in G.O. Ms. No. 1172, R.D.L.A., dated 25th May 1964, whenever Medical Officers with L.I.M. qualifications or above are employed in such dispensaries.

The Director of Rural Development shall be the budget controlling authority in respect of the payment of the grants-in-aid to the Panchayat Union Councils.

(G.O. No. 1172, R.D.L.A., dated 25th May 1964,
Government Memorandum No. 14330/A.D. Accts. 5/64-7, R.D.L.A.,dated 23rd May 1956,
G.O. No. 329, Health, dated 23rd February 1967.
Government Memorandum No. 162708/BG/72-14, Finance (BG), dated 26th May 1973.)

769. *Deleted.*

770. *Deleted.*

771. **Method of calculating the grant.**—(1) The grant due towards the cost of maintenance of the dispensary should be calculated on the net cost arrived at after deducting from the total expenditure any receipts which may have been received.

(2) The grant should not be calculated on the charges incurred on account of child welfare centres, if any, attached to the institution which are eligible for any separate grant from State funds.

(3) No specific sanction of Government is necessary for admitting the claim for grant on the charges which relate to the previous years but have been incurred during the year for which the grant is claimed.

(4) The bonus, if any, paid by the Panchayat Union Councils to the Provident Fund Accounts of the members of the medical institutions concerned will be included in the maintenenace charges for claiming grant.

(5) Contributions paid by Pancyayat Union Councils to Government towards the pay, leave salary and pension contribution of Government Medical Officers lent to them for employment in Medical Institutions eligible for the grant should be taken into account while calculating the moiety of the recurring cost of such Medical Institutions.

(6) Rent realised for the quarters of a Medical Officer attached to the Medical Institutions eligible for the grant is not an item of income derived by the Institution and it should not be included under "Receipts" and the expenditure on maintenance of quarters should not also be included in the expenditure on the maintenance of the institution for the purpose of claiming grant from State funds.

II. Procedure for sanctioning the grant.—(1) The Panchayat Union Commissioners should submit the Revenue Divisional Officers concerned not later than 15th April of each year a statement showing the amount actually received and spent in the previous year on account of the dispensary for which grant is required and the amount of grant if any actually received during that year and also a statement showing the expenditure estimated on tha dispensary for the current year.

(2) On receipt of the above statement, the Revenue Divisional Officer will scrutinise the accounts of the previous year and adjust the difference of grant for the previous year and also sanction advance payments due for the 1st half year of the current year with reference to the estimated expenditure. The grant will be sanctioned by the Revenue Divisional Officers in R.D. Form No. 20 already prescribed. The authorisations to be made by the Revenue Divisional Officers will be exempted from the pre-audit of Treasury Officers and the Sub-Treasury Officers can make adjustments without pre-audit. The Panchayat Union Commissioners will draw necessary bill in Tamil Nadu Treasury Code Form 40 and adjust the amount to Local Fund Account I under intimation to the Revenue Divisional Officers.

(3) On or before 15th October of each year the Panchayat Union Commissioners should furnish to the Revenue Divisional Officers statements showing the receipts and expenditure incurred on the dispensary for which grant is sanctioned and alao the audited statement of accounts of the previous year.

(4) On receipts of the above statements the Revenue Divisional Officers will scrutinise the accounts and adjust the grant due for the 1st half year against the advance grant already sanctioned and sanction the difference, if any due, together with advance grant for the second half year in R.D. Form No. 20. The grant for the second half year will be estimated with reference to the actuals for the First half year. The Panchayat Union Commissioners should report the date of encashments of the grants sanctioned to the Revenue Divisional Officers. The Revenue Divisional Officers should furnish a reconciled statement of expenditure to the Director of Health Services and Family Planning every month on or before 10th of the month following.

(5) The Revenue Divisional Officers should, while sanctioning the grant, furnish a specific certificate regarding the correctness of the claim with reference to the instructions contained in Part I of Annexure. A copy of the sanction order should also be marked to the Director of Health Services and Family Planning and the District Inspectors of Local Fund Accounts concerned.

(6) The Panchayat Union Commissioners should exhibit the grant under "A. General-Account-IV Health and Welfare—I Medical Relief— C. Government grants" in Panchayat Union Form 82.

(G.O. Ms. No. 1172, R.D.L.A., dated 25th May 1964.)

772. **Building grants.**—(1) The Government pay half grants towards the construction of medical buildings undertaken by local bodies/private medical institutions with the approval of Government subject to the conditions that no guarantee can be given that any particular sum of money will be made availale in any particular year.

(2) No application for a grant or loan for a scheme will be considered unless it is definitely known that the scheme (and especially the site) has been accepted by all authorities concerned. Where land has to be acquired the estimated cost of the acquisition of the land should be separately given. Ordinarily only the amount required for acquiring the land in or in the case of grant, the Government's share of the cost will be sanctioned in the first instance and the balance of the cost of the scheme will be sanctioned only after the land has been acquired and delivered to the local body private medical Institution. As soon as the Government intimate to a local body/private medical institutions that a loan or a grant is likely to be provided for it in any particular year or the acquisition of land, the local body/private medical institutions should immediately apply to the revenue authorities to start the acquisition proceedings.

(3) No local body private medical institutions should apply for a grant or loan for any scheme unless detailed plans and estimates for the scheme have been prepared and technical sanction of the competent authority has been accorded. Application which do not furnish evidence of such sanction will be ignored by Government.

(4) No work should be included in the application for grants for medical buildings unless the local body/private medical institutions is prepared to meet half the cost of the work from its own funds or from loans. The application will not be considered unless it contains a statement accepting such liability.

(5) Applications for loans should specify the date on which the local bodies/private medical institutions require the loans to be disbursed. They should also report the source from which they propose to find and the annuity for the repayment of the loans applied for.

(6) Applications for Government grants required for capital expenditure in the ensuing year on any work for which a loan or grant has been provided in the Civil Budget Estimate of the year then current, should contain information as to.—

(*a*) Whether the work has been started and if not.

(*b*) whether there is a reasonable certainty of the work being started not later than the 1st February of the financial year then current.

(7) No application should be submitted for a grant or loan unless there is a reasonable certainity that the amount asked for will be spent in the ensuing year.

(8) The provision of grants or loans for any given schemes in any given year cannot be guaranteed until after the Legislature pass the Budget Estimate for the year, i.e., until the 1st April of the financial year to which the provision relates.

(9) Schemes which were the subject of unsuccessful applications for grants of loans in previous years may be repeated in the application for subsequent years. Preference will be given to works which are likely to yield a permanent revenue to local or municipal funds.

(10) The actual disbursement of building grant sanctioned to local bodies/private medical institutions is subject to the following conditions :—

(i) The disbursement shall be regulated by the orders issued value of the work actually carried out, or the grant sanctioned, which ever is less.

(ii) The disbursement shall be regulated by the orders issued in G.O. Ms. No. 1794, L.A., dated 10th June 1942.

(G.O. Ms. No. 2636, L&M, dated 23rd November 1923, No. 1700, P.H., dated 17th August 1925, No. 620, PH, dated 5th February 1929, No. 905, PH, dated 4th April 1922, No. 670, L&M, dated 22nd February 1932 and No. 1035 PH, dated 1st April 1942.

773. *Deleted.*

774. **Equipment Grants.**—(1) In certain special cases, the Government are also paying one half of the total expenditure incurred on the purchase of equipment required for use in the medical institutions under the control of local bodies/private medical institutions. When local bodies apply for grants for the constructions of medical buildings, they may also include where necessary the cost of the initial equipment, required for any particular instititution in order to enable the Government to consider the question of giving half grant on the aggregate amount.In certain

special cases the Government are also paying one half of the total expenditure incurred on the purchase of equipments required for use in the private medical institutions and to the institutions under the control of Local bodies. For the purpose of half grant the term "Equipment" should held to the initial supply of medical and surgical instruments and appliances including Electro-Medical appliances. The prior sanction of the Government should be obtained in each case. The amount will be paid to the private medical institutions concerned only on post execution basis (i.e.) only after the equipments are purchased, installed, started functioning and after the production of audited statement of accounts and after the inspection of the equipment by the inspecting authorities. The amount will be drawn by the Private Medical Institutions/Local Bodies after the issue of the authorisation by the Director of Health Services and Family Planning.

775. **Time limit for the drawal of buildings and equipment grants.**—Buildings and equipment grants sanctioned to various private medical institutions, if not claimed within a period of three years from the date of the orders sanctioning the grant, will lapse.

(G.O. No. 2080, Health, dated 30th May 1933.)

776. *Deleted.*

Section 3.

GRANTS TO PRIVATE MEDICAL INSTITUTIONS.

777. **Introductory.**—The Government give grants in-aid to medical institutions under the control of private bodies, associations, societies, missionary bodies, etc., in deserving cases. The following are the different kinds of grants given to the authorities of private medical institutions in the State—

I Recurring—

(i) Capitation grants to private leprosy institutions.

(ii) Maintenance grants to other medical institutions.

II Non-Recurring—

(i) Building grants.

(ii) Equipment grants.

(iii) Grants towards the acquisition of land required for medical purposes.

778. **Capitation grants to private leprosy institutions.**—Private leprosy institutions mentioned in the Scheduled below are eligible for capitation grants based on the number of inpatient treated towards their maintenance at Rs. 25 per mensem for each in patient whether adult or child who has contracted leprosy and Rs. 12 per mensem for each dependent child under 16 years of age who has not contracted leprosy. The inpatient has been defined that only infective cases, reconstructive surgery cases and non-lepro-matus cases admitted for tropic ulcer are entitled to count against the total number of inpatients treated in any private leprosy institutions. It has also been defined that the capitation grant be made applicable to all admitted for non-lepro-matus and to cases admitted for tropic ulcer in private leprosy institutions subject to the condition that such cases are eligible to be counted for the purpose of capitation grant only for 10 weeks. In other words the Voluntary Organisations are eligible to draw capitation grant as regards non-lepro-matus cases admitted for tropic ulcer only for 70 days for a patient. This ceiling is not imposed for infective cases and reconstructive surgery cases.

(G.O. No. 957, Health, dated 6th April 1971,
G.O. Ms. No. 2437, Health, dated 22nd September 1971,
G.O. Ms. No. 3085, Health, dated 17th December 1973.)

Schedule.

(1) Schieffelin Leprosy Research Sanatorium, Karigiri, North Arcot District.

(2) Debendranath Mullick Leprosy Home, Vadathorasalur, South Arcot District.

(3) Kasthurba Gandhi Kushta Nivaran Nilayam, Malavanthangal, South Arcot District.

(4) Charles Peace Memorial Leprosy Hospital, Colachel, Kanyakumari District.

(5) Dayapuram Hospital and Home for Lepers, Manamadurai, Ramanathapuram Distirct.

(6) Sacred Heart Leprosy Hospital, Sakkottai, Kumbakonam, Thanjavur District.

(7) Holy Family Hansanorium, Fathimanagar, Tiruchirappalli District.

(8) St. Joseph's Leprosy Hospital, Tuticorin, Tirunelveli District.

(9) St. Lukes Leprosorium, Peikulam, Tirunelveli District.

(10) Cheshire Home, Vishranthi Illam, Katpadi, North Arcot.

(11) Christian Fellowship Leprosy Hospital, Oddanchatram, Madurai District.

(12) Swedish Mission Hospital, Tiruppathur, Ramanathapuram District.

II The following conditions have been prescribed by the Government for payment of capitation grants to private Leprosy institutions in the State of Tamil Nadu—

(1) That the institution is generally maintained in a manner approved by the Government and adequate provision to their satisfaction is made for the Medical Treatment of the inmates, including reasonable provisions for hospital wards, minor surgery and treatment of acute illness.

(2) That admission are made irrespective of caste of creed, patients who are in a position to contribute towards their maintenance being required to do so. Preference should be given to natives of the State of Tamil Nadu.

(3) (i) The capitation grant is eligible only for the treatment of INFECTIVE CASES, RECONSTRUCTIVE SURGERY CASES AND NON-LEPRO-MATUS, cases admitted to 'Tropic Ulcer' subject to the ceiling fixed by the Government. Note.—An 'Injective' case is one who is positive for acid fast bacilli, when standard method of bacteriological examination is attempted.

(ii) The capital grant by Government will be restricted to infective cases, reconstructive, surgery cases and non-lepro-matus cases admitted for tropic ulcer cases subject to the time limit fixed by the Government.

(iii) Application for payment of capitation grant from State Funds should contain a certificate from Medical Officer/Medical Superintendent in-charge of the Institutions that the cases other than eligible for capitation grant as mentioned above are not included.

(4) The qualified medical personnel trained in leprosy work are employed, the Medical Officers and nurses should possess qualifications which are registerable under the Tamil Nadu Medical Registration Act, 1914, or the Tamil Nadu Nurses and Midwifes Act, 1926 as the case may be.

(5) (i) That leprosy institutions having not more than 50 patients may employ a visiting or a part time Medical Officer assisted by patients, trained as injectors or nurses provided the Medical Officer has had special training in leprosy work.

(ii) That leprosy institutions with more than 50 patients but not exceeding 100 may employ a full time Medical Officer or a full time nurse provided that where there is only a full time nurse there is also a visiting on a part time Medical Officer, duly trained in leprosy work and provided further that the need for the employment of a nurse may be dispensed with, in institutions where there is a full time Medical Officer trained in leprosy work.

(iii) That leprosy institutions with more than 100 but not more than 200 patients may employ a full time Medical Officer duly qualified and trained in leprosy work with the assistance of patients trained as injectors and nurses to assist the Medical Officer.

(iv) That leprosy institutions where the patients exceed 200 but not 300 should be required to employ a full time Medical Officer trained in leprosy work and a qualified nurse on full time basis.

(v) That leprosy institutions with more than 300 patients should employ two qualified full time medical officers trained in leprosy work and at least one nurse.

(6) That Medical Officers attached to any institutions are employed on a full time basis, except where special permission has been granted by Government for the employment of part-time personnel.

(7) That the patients and ex-patients are trained as injectors to assist the Medical Officers in their routine work.

(8) That a chidlren's section of adequate strength may be maintained if possible.

(9) That no discremination is made between men and women in the matter of accommodation, treatment work, etc., provided this rule shall not apply in the case of institutions which have been established for the admission and treatment of women and children or both.

(10) That the institution co-operates with Government in the matter of leprosy surveys in their neighbourhood spotting of infective cases and preventive measures.

(11) That the management does not interfere with the religous observances of the inmates who will be free to practice their own religion and perform their devotions in the manner to which they have been accustomed, provided that the performance does not involve offence to the religious feelings of other inmates and is not in any way subversive of discipline in the instruction.

(12) That the inmates are not encouraged to leave the institution without sufficient cause and that the institution in made merely a comfortable so journing place for leprosy patients in the course their avocations.

(13) That an Advisory Committee, consisting, of the Collector of the District as President and the District Medical Officer, the District Health Officer and the Superintendent of the institutions as members, is constituted and functions in accordance with the instructions issued by the Government from time to time.

(14) That (in addition to the Director of Health Services and Family Planning and the Honorary Secretary of the Hind Kusht Nivaran Sangh, Tamil Nadu State Branch) the Distrcit Collector, The District Medical Officer, the District Health Officer and the Municipal Health Officer, as Official Visitors, have full authority to satisfy themselves that the conditions of grant are being fulfilled.

(G. O. Ms. No. 546, Health, dated 19th February 1952.)

779. Procedure for submitting application for capitation grant.—The following instructions should be observed in the matter of submission of applications for disbursement of capitation grants from the State Funds.

1. Application for disbursement of capitation grant should be in the form given in Annexure I and shall be forwarded by the managements of private leprosy institutions through the District Medical Officer of the district concerned so as to reach the Director of Health Services and Family Planning by the following dates duly accompanied by separate statements showing the daily-average attendance of:—

(*a*) Infective cases.

(*b*) Reconstructive cases.

(*c*) Non-Lepromotus cases admitted for tropic ulcer.

(*d*) Healthy children under 16 years of age who have no contracted leprosy.

Date on which the application with the statement of daily average attendance should reach—

Period for which grants is claimed.	District Medical Officer concerned.	Director of Health Services and Family Planning.
(1)	(2)	(3)
1. Quarter ending 31st March ..	.. 15th April ..	.. 25th April.
2. Quarter ending 30th June ..	.. 15th July ..	.. 25th July.
3. „ 30th September ..	.. 15th October ..	.. 25th October.
4. „ 31st December ..	.. 15th January	.. 25th January.

(ii) The statement showing the daily average attendance to be sent along with the application for disbursement of capitation grant should be made out in Form (A) to (D) given in Anonxure II according to the figures relate to Leprosy in-patients or helathy children under 61 years ef age who have not contracted leprosy.

(iii) In order to arrive at the daily average number of in-patients treated during a quarter thetotal number treated during that quarter from day-to-day should be divided by the actual number of days in the quarter, i.e., the totals should be divided by 90 when the average is required for the quarter-ending 31st March, by 91 when the average is required for the ending 30th June and by 92 when the average is required for the quarters ending 30th September and 31st December. In the case of a leap year however the total should be divided by 91 ever when the calculation pertains to the quarter-ending 31st March.

2. In arriving at the daily average attendance fractions o 0.5 and upwards shall be rounded off to the next higher unit and the fraction of less than 0.5 shall be ignored.

3, As soon as the applications for disbursement of capitation grant is received from the management of a private leprosy institution, the District Medical Officer concnerned shall inspect the institutions and draw up his inspection report in the form given in Annexure III. There should be no delay of any kind on the part of the District Medical Officer in forward ing the application to the Director of Health Services and Family Planning, along with his insection report.

4. The District Medical Officer may depute his Assistant to inspect any private leprosy institution eligible to draw capitation grant from State Funds. The inspecting officer should check the figures furnsihed in the statements referred to in paragraphs (I), (II) above the original registers maintained in the institution and certify that they are correct.

5. The grant which is payable quarterly shall be disbursed by the Director of Health Services and Family Planning, if he considers the report of the District Medical Officer to be satisfactory. If the report should be unfavourable, or if in the opinion of the Director of Health Services and Family Planning, the institution is not being run in a manner approved by the Government or if the conditions of grant have not been fulfilled in all respects and the Director of Health Services and Family Planning, considers that the grants is not justifiable rders of Government shall be obtained in the matter.

780. Maitenance grants to tuberculosis Sanatoria—(1) "Maintenance grants are paid from State finds to the following T.B. Sanatories in the State on the net cost basis subject to the maximum limit mentioned against each item.

(*a*) The Coimbatore District T.B. Sanatorium Society, Coimbatore (Ramalingam T.B. Sanatorium, Perundurai)—Rs. 1,50,000.

(G.O. Ms. No. 1702, Health, dated 6th August 1965
and G.O. Ms. No. 2159, Health, dated 18th August 1971.)

(*b*) The Rajaji T.B. Sanatorium, Tiruchirappalli—Rs. 52,700.

(G. O. Ms. No. 608, Health, dated 27th February 1960.)

(*c*) The Mahatma Gandhi Memorial T.B. Sanatorium, Sengiparti, Thanjavur District—Rs. 58,000.

(G.O. Ms. No. 548, Health, dated 26th March 1966 and
G.O. Ms. No. 2885, Health, dated 28th November 1971.)

NOTE.—1. The 'net cost' will be arrived at after deducting from the gross expenditure the total income of the sanatorium for maintenance derived from fees, hospital stoppages contributions from local bodies donations from private bodies, etc.

2. The maximum limit fixed by Government in each case is liable to revision at the discretion of Government.

The grant payable to a tuberculosis sanatorium is subject to the following conditions:—

(i) Each sanatorium shall provide free beds for indigent patients at leas upto a minimum of one third of the total number of beds available in it.

(ii) Each sanatorium shall provide facilites first and foremost to the people of the State of Tamil Nadu.

(iii) A specified number of beds in each sanatorium shall be reserved in the General Ward for the free treatment of Government servants recommended by the Director of Health Services and Family Planning or the State Government.

(iv) The authotities of each sanatorium shall undertake to train medical students in T.B. work whenever the Government of Tamil Nadu send such students to them. Tamil Nadu students shall have preference over orders in regard to admissions The Medical Superintendent of the Sanatorium shall be consilted as to the time of sending the students and the number to be seut for training at any one time.

(v) An annual statement of accounts audited by the examiner of Local Fund Accounts and an annual report of each Sanatorium shall be submitted every year.

(vi) Audit fees in respect of the audit of the Sanatorium accounts, calculated on the basis of the actual time and labour of the staff employed in the audit shall be recovered from the authorities of each sanatorium.

(vii) The grant due to each sanatorium shall be paid in two instalments, viz.,

The maintenance grant of Rs. 1,50,000 sanctioned to the Ramalingam T.B. Sanatorium, Perundurai shall be paid as follosws :—

Advance grants of first and second instalments will be paid in June and November every year at Rs. 50,000 each. The balance amount will be paid on production of audited statement of accounts issued by the Local Fund Department.

(G.O. Ms. No. 2159, Health, dated 18th August 1971 and
G.O. Ms. No. 1030, Health, dated 23rd April 1973.)

The grant due to the Rajaji T.B. Sanatorium Tiruchirappalli and Mahatma Gandhi Memorial T.B. Sanatorium, Sengipatti, Thanjavur District shall be paid in two instalments, viz.,—

(*a*) the first instalment shall be an advance grant equal to one half of the total amount o grant actually paid during the previous year and shall be disbursed as soon as possible; and

(*b*) the balance due shall be disbursed in the following year on the basis of audited accounts of expenditure furnished by the Examiner of Local Fund Accounts.

3. The grant will be disbursed by the Director of Health Services and Family Planning after satisfying himself that the conditions of grant have been fulfilled in each case.

(G.O. Ms. No. 3340, Public Health, dated 20th September 1949,
Govt Memo. No. 84750-G-1/49-2, Public Health, dated 12th November 1949.
Govt. Memo. No. 952581/49-1, Public Health, dated 30th December 1949 and
G.O. Ms. No. 1366, Health, dated 18th April 1950.)

781. Deleted.

782. Grants to certain private institutions for the care and maintenance of destitute patients suffering from incurable diseases.—The institution mentioned below is eligible for capitation grant calculated at the rate of Rs. 15 per month for each destitute patients suffering from incurable diseases transferred from Government Medical Institutions in the Muffasal for care and maintenance subject to the condition that the total number of patients maintained at any one time does not exceed the number specified against each institution.

Name of private institution.	Maximum number patients.
(1)	(2)
1. The Holy Angels Convent, Kumbakonam	20

(G.O. Ms. No. 2482, Health, dated 4th August 1952.)

782-A. Grant to certain District Branches of the Hind Kusht Nivaran Sangh towards the cost of Employment of staff in the Leprosy clinics attached to Government Medical institutions.—The District Branches of the Hind Kusht Nivaran Sangh specified on column (1) of the table below are eligible for annual recu ring maintenance grants specified in column (2) of the table towards the espenditure incurred by them on the employment of the staff in the leprosy clinics attached to the Government hospitals specified in the corresponding entry in column (3) thereof .—

TABLE.

Name of the branch.	Annual recurring grant.	Name of the Government hospitals to which leprosy clinics are attached.
(1)	(2)	(3)
1. South Arcot District Branch ..	Rs. 2,880	Five injectors and one female nursing assistant in leprosy clinics attached to the Government Hospitals at Chidambaram, Villupuram, Tindivanam, Cuddalore and Tirukkoilur.

(G. Os. Ms. No. 1433, Health, dated 26th May 195
No. 998, Health, dated 14th March 19545.)}

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783. General conditions for payment of maintenance grants to private medical institutions.—Maintenance grants paid to private medical institutions are subject to the following general conditions.—

(i) The management should arrange to maintain the necessary registers and submit to the Director of Health Services and Family Planning the reports and returns prescribed for a hospital.

(ii) The institutions should be open to periodical inspection by an officer or officers of the Medical department deputed by the Director of Health Services and Family Planning and should be maintained satisfactorily.

(iii) The patients should be admitted for treatment irrespective of caste of creed.

(iv) The management should employ only Registered Medical Practitioners, Nurses and Maternity Assistants.

(v) The total amount of grant payable to the institution will be restricted to the actual net cost or half the net cost after deducting the total income of the institutions from the total expenditure incurred on its maintenance subject to a specified maximum fixed by Government for each institution.

(vi) The management should maintain proper accounts of receipts and charges relating to the hospital and have them duly audited. The audit of the accounts of the hospitals should be done by a Registered Auditor or by the Examiner of Local Fund Accounts, as directed by Government in the case of each individual institution.

(vii) Attendance at a secular or religious instruction is not to be made a condition of admission for medical relief.

(viii) Where so required the grantee private medical institutions should agree to have a representative of Government in their executive committee of governing body as the case may be.

(G.O. Ms. No. 2505, Health, dated 1st October 1971.)

784. Medical instituton which are eligible for maintenance grant.—The following medical institutions are in receipt of annual maintenance grants from Government at the rates shown against them.

Name of the Medical institution.	Maximum amount of grant.	Remarks.
(1)	(2)	(3)
	RS.	
1. Christian Medical College Hospital, Vellore.	20, 000 ..	The grant is caculated at the rate of paise 50per day for each indigent patient treated free in the hospital subject to the maximum indicated in column (2). It is payable in one lumpsum on the post payment system subject to the general conditions (i) to (iv) and (vi) specified in paragraph 783 and to the further conditions (a) that the mangement maintain the account of the hospital separate from the accounts of the college and the Nursing School and (b) that the application for grants is submitted through the District Medical Officer, North Arcot District to the Director of Health Services and Family Planning with a Statement of audited accounts of the hospital for the previous year and a certificate from the Examiner of Local Fund Accounts regarding the total number of indigent patients treat d free in the hospital.

(G.O. Ms. No. 377, Health, dated 3rd March 1951.
G. O. Ms. No. 469, Health, dated 27th February 1954 and
G.O. No. 1198, Health, dated 7th April 1959.)

(1)	(2)	(3)
	RS.	
2. Leprosy Relief and control Scheme for Wallajah Taluk Conducted by the Scudder Memorial Hospital, North Arcot Arcot District.	Will be decided by Government every year.	This scheme was taken over by the Government in the year, 1959. At the time of taking over, the Government haveagreed to give cent per cent grant for running the Scheme. The grant will be released in instalments to the Honorary Director, Leprosy Relief and Control Scheme for Wallajah Taluk, Ranipet, who is incharge of the Scheme *vide* G. O. Ms. No. 2033, Health, dated 16th June 1959.
3. Schieffelin Leprosy Re-search Sanatorium, Karigiri North Arcot District.	2,00,000 ..	The grant Rs. 2 Lakhs will be paid to the Superintendent, Schieffelin Leprosy Research Centre, Karigiri for implemention of Leprosy Control Programme in Gudiyatham Taluk. This amount is payable to the institution equal 50 percent of the net expendinture incurred in running the Leprosy Control Project, Kavanur, subject to a maximum of Rs. 12 Lakhs as per G. O. Ms. No. 1455, Health, dated 20th June 1970.
4. Hind Kusht Nivaran Sangh, South Arcot District Branch, Cuddalore-Grants for the maintenance of the Rehabilitation Centre at Sedpalanatham.	9,000 ..	The amount of the grant is subject to the conditions referred to in paragraph 783 and will be restricted to the actual net cost subject to the maximum specified in Column-2.

(G.O. Ms. No. 954, Health, dated 19th March 1959 and
G. O. Ms. No. 297, Health, dated 11th February 1975.)

5. Kasturba Gandhi Khusta Nivaran Nilayam, Malavanthangal South Arcot District.	9,800 ..	The amount of the grant is paid subject to the conditions referred to in paragraph 783, in Column 2. (The expenditure on sulphone treatment. The accounts are audited by the Examiner of Local Fund Accounts, Madras.)

(G. O. Ms. No. 2398, Health, dated 25th November 1960 and
G. O. Ms. No. 1835, Health, dated 9th July 1971.)

6. Sivananda Saraswathi Sevasram Free Dispensary, Kattankolathur, Chingleput District.	1,000 ..	The grant is paid subject to the conditions referred to in paragraph 783 and will be restricted to the actual net cost subject to a maximum specified in Column 2. The accounts of the institution are audited by the Chartered Accountants.

(G. O. Ms. No. 1259, Health, dated 16th April 1958 and
G. O. Ms. No. 1518, Health, dated 27th September 1968.)

7 Sri Ramakrishna Vivekananda Dispensary, Thiruvanmiyur, Chingleput District.	1,000 ..	The grant is subject to the conditions referred to in paragraph 783 and will be restricted to the actual net cost subject to the maximum specified in Column 2.

(G.O. No. 3552, Health, dated 25th September 1960.
Govt., Memo. No. 72667/H8/64, dated 27th July 1974 and
G.O. Ms. No. 1507, Health, dated 26th September 1968.)

(1)	(2)	(3)
	Rs.	
8. Hemericks Leprosy Centre, Polambakkam, Chingleput District.	..	.. This institution was taken over by the Government from Belgium authorities in the year, 1960. While taking over the institution the Government have agreed to give 100 per cent grant for running the centre. The grant will be released in instalments to the Medical Officer-in-charge of the institution as per G.O. Ms. No. 1310, Health, dated 28th May 1960.
9. Rural Welfare Association, Madras, Maintenance of Medical Unit at Sholinganallur, Chingleput District.	900	.. The grant is subject to the conditions referred to in paragraph 783 and will be restricted to the actual net cost subject to the maximum specified in column 2. The accounts are audited by the Private Chartered Accountants.

(G.O. Ms. No. 1184, Health, dated 20th May 1965.
G.O. Ms. No. 1823, Health, dated 2th June 1946.
G.O. Ms. No. 830, Public Health, dated 15th March 1977.
Government Memo Nol 54198 Public Health, dated 13th June 1247
G.O. Ms. No. 3897, Health, dated 18th November 1950. and
G.O. Ms. No. 1278, Health, dated 17th April 1958,

(1)	(2)	(3)
10. Church of South India, Ikkadu and Rossannagar, Chingleput District.	4,100	.. The grant is subject to the condi ions referred to in paragraph 783 and will be restricted to the ac ual net cost subjec to the maximum specified in colomn 2.

G.O. Ms. No. 2563, Health, dated 28th October 1970.)

(1)	(2)	(3)
11. KastMrba Women Association Health Centres, Adambakkam, Chingleput District.	1,500	.. The Grant is subject to the conditions restricted to the actual ne cos subjec o the maximum specified in col 2.

(G.O. Ms. No. 2J13, Health, dated 24th August 1973.)

(1)	(2)	(3)
12. Sir Ivan Steadford Hospital, Ambathur, Chingleput.	75,000	.. The payment of maintenance gran is paid as 50 per cent of the net defici subjec. to a maximum fixed in column 2.

G.O. Ms. No. 142, Health, dated 28th January 1969.)
(G.O. Ms. No. 559, Health, dated 17th Marh 1970.)

(1)	(2)	(3)
13. G. Kuppuswamy Naidu Memorial Hospital for Women and Children. Coimbatore.	1,00,000	.. The grant is subject to the condition referred to in paragraph 783 andu will be res ricted to the ac ual net cos subject to the maximum specified in column The accounts are audited by Char ered Accountants.

(G.O. Ms. No. 953, Health, dated 19th March 1959.)

(1)	(2)	(3)
14. Sri Ramakrishna Mission Vidyalaya Dispensary, Perianaickenpalayam, Coimbatore.	....	.. The grant is subject to the first three conditions specified in paragraphs 783, It is restricted to the actual net cost subjec. to the maximum specified in column 2 and in paid in one. lumsum every year in advance subject to final adjustment in the following year no receipt of the audited accounts.

(1)	(2)		(3)
	Rs.		
15. Kanyakumari Medical Mission (C.S.I.) Neyyoor Hospital, Neyyoor, Kanyakumari District.	3,600	..	The grant is subject to the conditions referred to in paragraph 783 and will be restricted to the actual net cost subject to the maximum specified in column 2. The accounts are audited by the Chartered Accountants.

(G. O. No. 1449, Health, dated 18th September 1968.)

16. Avvai Rural Medical Service (Kasturba Gandhi Hospital), (Referral Hospital), Gandhigram, Madurai District.	64,000	..	The grant is paid subject to the conditions in paragraph 783 and will be restricted to 50 per cent of the net deficit subject to a maximum fixed by Government in Column 2.

(G.O. Ms. No. 1054, Health, dated 9th July 1968,
G.O. Ms. No. 2012, Health, dated 24th August 1970 and
G.O. Ms. No. 2495, Health, dated 17th October 1975.)

17. The Skippo Roadside Hospital Van, Kodaikanal, Madurai District.	750	..	The grant is payable at a fixed rate of Rs.750 per annum subject to the general conditions (i) to (iv) specified in paragraph 783 and to the following further conditions.

(*a*) The hospital van should render free medical aid.

(*b*) The total expenditure incurred by the managing committee on the maintenance of the hospital van (excluding the annual contributions to the Van Redemption fund should not be less than Rs. 2,500 per annum).

(*c*) The committee should have its accounts audited annually by a Registered Auditor or by the staff of the Co-operative Department on payment of the appropriate audit fees.

(*d*) The application for payment of the grant should be submitted to the Director of Health Services and Family Planning, through the District Medical Officer, Madurai District accompanied by a statement of the audited accounts relating to the previous year.

NOTE.—The above arrangement will be in force for a period of five years from 1949—1950.
(G.O. No. 3366, Health, dated 26th September 1950,
G.O. No. 268, Health, dated 28th January 1952 and
D.M.S. letter P.No. 18/B-52, dated 15th February 1952.

18. Christian Fellowship Hospital, Oddanchatram, Madurai District.	10,800	..	The recurring grant of Rs. 10,800 for temporary hospitalisation facilities for in-patient treatment to the leprosy patients referred by the Government Leprosy Control Units in Madurai District will be payable to the Superintendent, Christian Fellowship Leprosy Hospital, Oddanchatram, as per G.O. Ms. No. 1024, Health dated 27th May 1969.

(1)	(2)	(3)
	RS.	
19. Lawrence School, Dispensary, Lovedale, The Nilgir District.	600, towards the pay of the Medical Officer and Pharmacist and Rs. 500 towards the cost of Medicine.	For rendering medical aid to the general public in and around Lvedale. The grants is payable in October each year and is disbursed by the Treasury Officer, The Nilgiris on the strength of authorisation issued by the Director of Health Services and Family Planning.

(G.O. No. 4685, P.H. dated 2nd October 1940,
G.O. No. 3099, P.H., dated 11th September 1948.
Govt. Memo. No. 8128!50-2-Q, P.H. dated 22nd February 1950, and
G.O. Ms. No. 658, P.H., dated 12th April 1967).

20. The Nilgiris Adivasi, Welfare Association, Kotagiri The Nilgiris District.s	10,000	.. The grant is payabble in relaxation of the general rules subject to a maximum specified in column 2 for serving the tribal areas in the Nilgiris District. The amount mentioned in column 2 is payable in full irrespective of the amount of deficit or excess income. The accounts are audited by the Examiner of Local Fund Accounts.

(G.O. Ms. No. 2929, Health, dated 18th December 1972.
Govt. Memo. No. 51835/H-II/72-2, Health, dated 8th August 1973 and
G.O.Ms. Ho. 102, Health, dated 17th January 1974).

21. The Kollamcombai Plantations Welfare Hospital, Kotagiri, The Nilgiris District.	1,000	.. The grant is sanciioned to half the net cost after deducting the total income of the institution from the total expenditure incurred on its maintenance subject to a maximum specified in column 2.

(G.O. Ms. No. 859, Health, dated 2nd April 1975 and
Govt. Memo. No. 34936/Z/75-3, Health, dated 13th August 1975).

22. St. Anne's Hospital for Women and Children, Kumbakonam, Thanjavur District.	9,000	.. The grant which is subject to conditions (i) to (vii) specified in paragraph 783 is payable in advance every year subject to final adjustment in the following year on receipt of the audited account of the Examiner of Local Fund Accounts, Madras.

(G..O. No. 4465, Public Health, dated 15th October 1941 and
G.O. No. 636, Public Health, dated 4th March 1946).

23. Chokkalingam Free Hos-Hospital, Pillamangalam, Pudukkottai District.	1,500	The grant is subject to the conditions in paragraph 783 and to the maximum amount specified in column 2. The grant is payable on net cost basis. The accounts are audited by the Local Fund Department.

(G.O. No. 1707, Health, dated 23rd March 1956,
Govt. Memo. No. 39084, Health, dated 11th June 1957 and
Govt. Memo. No. 102305 H8 63, Health, dated 9th November 1964).

24. Kundrakudi Adheenam s Free Dispensary, Ramanathapuram District.	1,500	The garnt is subjeet to the condition in paragraph 783 and to the maximum sum specified in column 2. The amount is paid one half of the net deficit, subject to a Maximum fixed in column 2. The accounts are audited by Temple audit.

(G.O. Ms. No. 1451 Health, dated 20th June 1970).

(1)	(2)	(3)
	RS.	
25. Dhalavaipuram A.S. Palabichamy Nadar Health Co-operative Society Limited Hospital, Dhalavaipuram Ramanathapuram District.	10,000	.. The Grant is payable in 50 per cent of the deficit in he recurring expenditure of the Institution in a year, subject to a maximum ceiling of 1/6th (i.e) 16 2/3 per cent of the total expenditure in that year and also subject to the conditions laid down in paragraph 783 of the Tamil Nadu Medical Code, Volume I.
		(G.O. Ms. No. 1664, Health, dated 4th July 1975).
26. Sri Ramakrishnan Math Charitable Dispensary Mylapore, Madras.	20,000	The grant is subject to the conditions specified in paragraph 783 and it will be restricted to the net cost arrived at after deducting the total income including donations from the public, etc., from the total expenditure incurred on the maintenace of the institutions and will be subject to the maximum specified in column 2.
		(G.O. Ms. No. 351, Health, dated 27th February 1958).
27. Guild of Service (Certral) Madras Mobile Van.	1,500	The grant is subject to the conditions specified in paragraph 783 and will be restricted to the total expenditure on the maintenance of the Mobile Medical Unit run by the guild is not less than Rs. 6,000 per annum.
		(G.O. No. 1906, Heaih, dated 13th September 1965.)
28. Indian Red Cross Society, Madras City Branch, Madras.s	2,500	The grant is paid for training of hospital welfare workers serving one half of the expenditure subject to maximum fixed by Government in column 2.
		(Govt. Memo. No. 100010/H4/6-12, Health, dated 26th December 1961 and (G.O. Ms. No. 1069, Health, dated 10th July 1968).
29 Cancer Institute, Adyar, Madras.	4,25,000	.. The Grant is subject to the conditiions referred to in paragraph 783. The amount of grant is paybale in three instalments. First and second instalmensts as advance grant on 1st June and 1st November at Rs. 1,50,000 each and the balance to be paid on production of audited statement of accounts. The grant will be restricted to the actual net cost subject to a maximum specified in column 2. The accounts are audited by the Chartered Accountants.
		(G.O. Ms. No. 40, Health, dated 3rd March 1967, G..O. Ms. No. 1937, Health, dated 18th October 1969 G.O. Ms. No. 2209, Health, dated 23rd August 1971 and G.O. Ms. No. 2209, Health, dated 11th July 1973).
30. Cresent Hospital, Madras.	10,000	.. The grant is subject to the conditions referred to in paragraph 783 and will be restricted to half the net cost subject to the maximum fixed by the Government in column 2. The accounts are audited by the Examiner of Local Fund Accounts, Madras.
		(G.O. No. 2432, Health, dated 11th October 1963.? Govt.Memo No. 115335/H8/63, dated 14th November 1963 and G.O. Ms. No. 2000, Health, dated 20th December 1969).

(1)	(2)	(3)
	RS.	
31. Voluntary Health Services Adyar, Madras-20.	3,50,400	The grant is subject to the conditions referred to in paragraph 783,. The grant is paid on net deficit subject to maximum specified in column 2. The institutions has been permitted to raise the bed strength from 80 to 120 from 1970-71. The grant is paid in three instalments first and second instalments as advance grant on 1st June and 1st November at Rs. 1,00,000 and the balance grant to be paid on production of audited statement of accounts.
		(G.O. No. 12, Health, dated 4th January 1966. G.O. No. 474, Health, dated 5th February 1968, G.O. Ms. No. 1553, Health, dated 2nd July 1970. G.O. Ms. No. 1605, Health, dated 27th June 1975 and Govt. Memo. No. 61249/Z/75-3, dated 26th September 1975.)
32. Dhingra Dalip Charitabel Dispensary, Punjab Association, Royapettah, Madras-14.	8,000	.. The grant is subject to the conditions referred to in paragraph 783. The grant is paid on the net cost basis subject to the maximum specified in column 2.
		(G.O. No. 1801, Health, dated 15th April 1968 and G.O. Ms. No. 3058, Health, dated 14th December 1973).
33. Iswari Prasad Dattatreya Orthopardics Centre, Andhra Mahila Sabha Nursing Home, Madras-20.	25,000	.. The grant is subject to the conditions referred to in paragraph 783. The grant is paid on 75 per cent of the net cost subject to the maximum fixed in column 2.
		(G.O. No. 124, Health, dated 25th January 1968 and G.O. Ms. No. 2598, Heath, dated 1st November 1972).
34. Andhra Mahila Sabha Nursing Home and Free Dispensary, Madras.	14,000	The grant is subject to the conditions referred to in paragraph 783. The grant is paid to the actual net deficit basis subject to the maximum specified in column 2.
		(G.O. No. 824, Health ,dated 22nd May 1968. G.O. No. 1782, Health, dated 13th November 1968 and G.O. Ms. No. No. 1117, Health, dated 26th April 1971).
35. Hind Kusht Nivaran Sangh, Tamil Nadu State Branch.	13,000	.. This is recuiring grant for meeting the recurring expenditure of the publicity and Welfare Organisation for Leprosy under the control of the Hind Kusht Nivaran Sangh, Madras State Branch and is payable in advance 11 months equal instalments of Rs. 1,000 and Rs. 2,000 in August every year subject to final adjustment after the audited accounts are available. The Honorary Secretary is authorised to draw the amount every month from the Director of Health Services and Family Planning, Madras-600006.
		(G.Ms. No. No. 2569, Health, dated 18th July 1949).
36. Tuberculosis Chemotheraphy Centre, Madras.		Grant on 50:50 basis on the expenditure on certain agreed item of contingent expenditure is being given on the actual expenditure. The expenditure is originally met from State Funds and the 50 per cent share of I.C.M.R. is being reimbursed.
		G.O. Ms. No 529 Health datsd 19t February 1960).

(1)	(2)	(3)
	RS.	
37. University of Madras ..	1,00,000 ..	A recurring grant of Rs. 1,00,000 is being paid every year based on the sanction of Government for establishment of Post Graduate Institute.

(G.O. Ms. No. 1506, Health, dated 9th July 1965.)

		Orders of Government are obtained every year by the Registrar of Univeristy of Madras.
38. Madras Medical Council	1,000 ..	Maintenance grant o. Rs. 1,000 every year is paid to Madras Medical Council.
39. Corporation of Madras ..	5,000 ..	A grant of Rs. 5,000 is being paid to Corporation of Madras for the facilities given to stident in the Medical Colleges for getting them trained in I.D. Hospital.

785. **Power to disburse maintanence grants to private Medical Institutions delegated to the Director of Health Services and Family Planning.**—The Director of Helth Services and Family Planning i- empowered to sanction di bur ement of maintenance and capitation grante to all the private Medical Institutions (including private Tubeculosis Santoria), after satisfying himself that the condition laid down in the orders sanctioning grant to the institutions concerned are fulfilled in all respects. These powers have further been re-delegated to the Assistant Director of Health Services and Family Planning (Accounts), Madras.

(Go. Ms. No. 3574, Helth dated 25th November 1955)

786. **Submission of Audit reports on the accounts of private Medical Institutions to Government** The audit reports on the accounts of private medical institutions which are in receipt of maintenance grants from State Funds should invariably be submitted to Government every year in case where the amount of grant payable is determinied with reference to the actual exenditure on the maintencne of the institution and the grant is ver Rs. 5,000. In other cases the reports need be sent to Government only if the resul:s of audit is classed as no satisfactory or an important poin is raised for decision.

(G.O. Ms. No. 694, Public Health, dated 25th February 1942.)

787. **Procedure for the scrutiny of grants-in-aid works.**—(1) The Government have laid down the following provcedure in regrad to the scrutiny of grants-in-aid works.

(i) All applications for grant-in-aid of medical buildings should be submitted to Government through the Director of Health Services and Family Planning.

(ii) If, on an examination of the applications on their merits, the Director of Health Services and Family Planning is satisfied of the necessity for a grant-in-aid from State funds, he shall forwarded the detailed plans and estimates to the Chief Engineer (Buildings), P.W.D., Madras for opinion as to the reasonableness of the estimates alone, in cases where such estimates have been prepared by professional men, and as to the structural stability of the building as well as to the reasonableness of the estimates in cases where the estimates have not been prepared by professional men. After obtaining the technical approval of he Chief Engineer (Buildings), Public Works Department, Madras, the Director of Health Services and Family Planning will submit with hi s recommendations the plans and estimates to Government who will dispose of the application.

(iii) When the total estimate for a grant-in-aid work exceeds Rs. 10,000, the authorities of the private institutions shall call for open tenders for the construction of work.

(G.O. No. 1635, Education and Public Health, dated 10th July 1937.)

(iv) Grants are sanctioned to private bodies for the acquisition of lands and the construction of buildings connected with the medical institutions maintained by them to the extent of one-half of the total est mates cost of each work subject to a specified maximum fixed by Government in each case. Individual applications are consídred on their merits and all approved works for which the Government are prepared to make grants are placed in a priority list an any amount

available for disbursement in a particular year is ear-marked for payment for works in the list so far as the funds permit. No assurance is given that the grant will be disbursed in any particulars year.

2. Grants sanctioned to private bodies for acquisition of lands and constructions of buildings are subject to the following conditions :—

(a) That the lands and buildings when completed shall be used solely for the purposes for which they were originally intended.

(b) That the authrities of the institutions receiving the grant shall refund the grant or a portion thereof as specified below, if the lands or buildings in respect of which the grant was made cease to be used for medical purposes approved by Government within a period of thirty years from the date of payment of the grant where the grant does not exceed rupees 50 thousand, fifty year from the date of payment of the grant where the grant exceeds rupees fifty thousand but does not exceed rupees one lakh and 99 years from the date of payment of the grant where the grant exceeds on lakh of ruppees The amount to be refunded shall bear the same proportion to the total grant as the unexpired portion of the period for which the buildings or lands are secured against diversion bears to the total period. If the authorities fail to make such refund, the Government may recover the amount by such means as they may think fit.

(c) That they execute duly stamped and registered memoranda of the deposit of title deeds relating to the lands or buildings embodying the above conditions.

(G.O. No. 2347, Public Health , dated 5th December 1931).

788. **Supervision of Grants-in-aid work.**—(i) All grants-in-aid works should be carried out in accordance with the approvaled plan and estimate. If a private qualified Engineer or Architect is not employed by the management to the private institution or supervising a grant-in-aid work, the Executive Engineer of the Division concerned shall supervise the building from time to time, and on completion of the building, shall furnish a completion certificate in order to enable the management to claim the grant sanctioned to it.

(ii) The construction of a grant-ini-aid work may also be supervised by a qualified provate Engineer or Architect who will be responsible for the structural stability of the building. He should constantly inspect the prograess of the work, examine, the materials used and take necessary measurements to enable him to give the completion certificate

(iii) When applying for the disbursement of the grant sanctioned for the work, the authorities of a private institution shall submit to the Director of Health Services and Family Planning a completion certificate in the appended from signed by the Engineer or Architect in charge of the work to the effect that the buildings has been constructed generally in accordance with the plans specifications and estimates which were approved by Government and on the basis of which the grant was sanctioned and that it has been completed satisfactorily.

Completion Certificate.

Name of work.

Amount of sanctioned estimate.

Certified that the above work which has been inspected by me personally has been carried out according to the approved plans and estimates in satisfactory manner with the following deviations.

(Here enter the deviations with particulars of cost under savings and excesses.)

That the deviations are not of such a nature as to affect the stability and suitability of the building and that I am satified that a sum not less than Rs. has been duly expended on the work as detailed below:—

Station : **Signature :**

Date : **Designation :**

(iv) The qualifications of Engineers of Architects, whose plans and estimates, supervision of buildings constructions and completion certificates will be accepted by Government as specified below:—

Engineer.—He should be a member or associationate member of the Institute of Civil Engineer, a Gazetted Officer of the Public Works Department(in service or retired) or a Divisional Engineer (in service or retired).

Architect.—He should be—

(1) A qualified member of the Royal Institute of British Architects or of its allied societies or of societies of recognised equal status, with not less than five years practical experience in important architectural works and he should be purely an Architect and not an Architect and Contractor or

(2) an Architect or Assistant Architect to Government (in service or retired) or

(3) an Architect under 'Railways' (in service or retired). Tye Chief Engineer, Public Works. Department (General Buildings and Roads) may permit an Engineer or Architect who does not possess the above qualifications, to design and supervise the construction of a medical grants-in-aid work if the Chief Engineer considres such persons to be competent for the work.

(v) When a private qualified Engineer or Architect is not available for supervising a gran in-aid work, the authorities of the private institution shall prior to the commencement of work thereon, give fifteen days notice in writing to the Executive Engineer, in-charge of the division wherein it is proposed to construct the building. During the progress of the work access thereto and every reasonable opportunity to inspect and examine materials and take measurements shall be afforded by the management to the officers of the Public Works Department. A fee of one per cent of the total estimate shall be levied where actual supervision of construction bv the Public Works Department is required.

(G.O. No. 1635, Public Health, dated 10th July 1937.)

789. **Execution of memoranda of deposit of title deeds portion to be shared by Government.**—Out of the total expenses incurred by the management of private medical institutions (to whom grants are sanctioned for the acquisition of lands and construction of buildings) in connection with the execution of stamped and registered memoranda of deposit of title deeds relating to the lands and buildings, the entire stamp duty on the deed of agreement and one half of the Government Pleader's fee and one half registration fee shall be reimbursed to the authorities of the institutions concerned in the shape of a grant from State funds. The charges incurred in connection with the production of encumbrance certificate and other miscellaneous charges should not be debited to State funds.

(G.O. No. 1507, Public Health, dated 19th July 1933.)

ANNEXURE I.

(*vide* paragraph 779.)

APPLICATION FOR CAPITATION GRANT FOR THE QUARTER ENDING.

(1) Name of the Private Leprosy Institution :

(2) Name of the Mission, Society, Association or other private agency maintaining the institution :

(3) Name of the Superintendent of the Institution:

(4) Have you attached the statement of daily average attendance of temporary in-patient in the prescribed form?

(5) Are there healthy children under 16 years of age who have not contracted leprosy and are they maintanied separately in the institution? If not have you attached a separate statement showing their daily average attendance in the form prescribed ?

(6) What is the name and designation of the person in whose name the grant should be made payable?

(7) What is the name of the Treasury or Sub-Treasury at which payment is desired ?

(8) Any addi ional remarks :

Station : Signature of the Applicant.

Date : Designation

ANNEXURE II.

FORM A.

Statements showing the daily average attendance of in-patients of infective cases alone (whether adult or child who have contracted leprosy) maintained in the Leprosy Institution during the quarter ending................

Date.	January, April, July and October.	February, May, August and November.	March, June, September and December.
(1)	(2)	(3)	(4)
	Total		

Total attendance during the quarter :

Daily average attendance during the quarter.

Certificate by the Medical Officer in-charge of the Institution.

I hereby certify that the figures furnished above relate to the infective cases only and are correct.

Station : Signature of the Medcial Officer,

Date

Designation :

Station : District Medical Officer.

Date :

ANNEXURE II.

FORM B.

Statement showing the daily average attendance of in-patients of reconstructive surgery cases (whether adult or child who have contracted leprosy) maintained in the Leprosy Institution, during the quarter ending.................. ....

Date.	January, April, July and October.	February, May, August and November.	March, June, September and December.
(1)	(2)	(3)	(4)
	Total ..		

Total attendance during the quarter :

Daily average attendance during the quarter :

Certificate by the District Medical Officer.

I hereby certify that the figures furnished in the above statement have been checked with the daily attendance register maintaining in the Institution and found to be correct.

Note.—The name nd age of the patients with their full address, who have undergone reconstructive surgery cases should be furnished separate sheet together with the details and number of days stayed by each patient.

Certificate by the Medical Officer in-charge of the Institution.

I hereby certify that the figures furnished above relate to reconstructive surgery cases only and are correct.

Station : Signature of the Medical Officer

Date : Designation :

Certificate by the District Medical Officer.

I hereby certify that the figures furnished in the above statement have been checked with the daily attendance register maintained in the institution and found to be correct.

Station :

District Medical Officer,

Date :

ANNEXURE II.

FORM C.

Statement showing the daily average attendance of in-patients of non-lepromatous cases admitted for tropic ulcer (whether adult or child who have contracted leprosy) maintained in the Leprosy Institution during the quarter ending.

Date.	January, April, July and October.	February, May, August and November.	March, June, September and December.
(1)	(2)	(3)	(4)
	Total ..		

Total attendance during the quarter :

Daily average attendance during the quarter :

NOTE.—A separate statement should be attached in respect of the patients of non-Lepromatous cases admitted for tropic ulcer indicating the name and age of each patient, together with his address, etc., and the duration of stay of each patient in the Hospital along with the date of admission and discharge.,

Certificate by the Medical Officer in-charge of the Institution.

I hereby certify that the figures furnished above relate to non-lepromatous cases for tropic ulcer only and are correct.

Station : **Signature of the Medical Officer,**

Date : **Designation.**

Certificate by the District Medical Officer.

I hereby certify that the figures furnished in the above statement have been checked with the daily attrndance register maintained in the Institution and fouhd to be correct.

Station :

District Medical Officer.

Date :

ANNEXURE II.

FORM D.

Statement showing the daily average attendance of in-patients of healthy children underr 16 *years of age who have not contracted leprosy maintained in the Leprosy Institution at ....during the quarter ending....................*

Date.	January, April, July and October.	February, May, August and November.	March, June, September and December.
(1)	(2)	(3)	(4)
	Total ..		

Total attendance during the quarter :

Daily average attendance during the quarter :

Certificate by the Medical Officer in-charge of the Institution.

I hereby certify that the figures furnished above relate to helathy children under 16 years of age only and are correct.

Station : Signature of the Medical Officer.

Date : Designation.

Certificate by the District Medical Officer.

I hereby certify that he figures frunished in the above statement have been checked with the daily attenadance register maintained in the Institution and found to be correct.

Staiton :

District Medical Officer.

Date :

ANNEXURE III.

(*Vide* paragraph 779.)

Inspection report of the District Medical Officer for the quarter ending.............

(1) Name of the Private Leprosy Institution .. ..

(2) District .. ..

(3) Date of inspection .. ..

(4) Name and designation of the Inspecting Officer ..

(5) Is the institution maintained in a satisfactory manner

(6) Whether adequate provision is made for the medical treatment of the inmates ?

(7) Are you satisfied that the daily average No. of in-patients in respect of whom capitation grant is claimed relate only to infective cases, reconstructive surgery cases and non-lepromatous cases admitted for tropic ulcer is attempted?

(8) What is the—

(*a*) Total accommodation available in the Institution?

(*b*) Average number of cases treated as in-patients :

I. Infective cases :
II. Non-Infertive cases—

(i) Reconstructive surgeory cases :

(ii) Non-lepromatous cases admitted for tropic ulcer.

Total ..

(9) Are qualified medical personnel trained in leprosy work employed ?

(10) Do the Medical Officers and Nurses possess registrable qualifications and are they actually registered under the Tamil Nadu Medical Registration Act, 1914, or the Tamil Nadu Nurses and Midwives Act, 1926 as the case may be?

(11) (*a*) Under what category mentioned in condition 5 of G.O. Ms. No. 546, Health, dated 19th February 1952 is the institution classified?

(*b*) Are the conditions mentioned in the category applicable to the institution fulfilled ?

(12) Is there a medical Officer on a full-time basis?

(13) If there is more than one Medical Officer, state how many there are and how many of them are on full-time or part-time basis?

(14) Are there healthy children under 16 years of age maintained in the institution?

(15) Are they medically observed as often as necessary to watch for symptoms of the disease ?

(16) Are they maintained separately from the leprosy patients of the institution ?

(17) Have you verified the figures shown in the daily average statements and have you recorded the necessary certificate, thereon?

(18) Are you satisfied that the condition laid down in G.O. Ms. No. 546, Health, dated 16th February 1952 (as amended from time to time, have all been fulfilled)?

If not state specifically the conditions which are not fulfilled with reasons for non-fulfillment and suggestions as to how the defect can be remediaaed?

(19) Do you recommend disbursement of grants for leprosy in-patients and/or healthy children under 16 years of age for the quarter ending and if not what are the reasons ?

(20) Any other remarks :

Station : Signature and designation of the Inspecting Officer.

Date :

CHAPTER XXII

RULES REGARDING GENERAL CONDUCT PROCEDURE, ETC.

Section 1.

PERSONAL CONDUCT OF PUBLIC SERVANTS.

790. **General.**—Personal conduct of public servants is regulated by the rules in "Government Servants Conduct Rules" which apply to all Government serants under the rule-making control of the Tamil Nadu Government whether on duty, leave or foreign service. Every Officer should secure a copy of these rules. Particular attention of the officers is drawn to the following rules in the Government Servants' Conduct Rules—

(1) *Rule* 3.—Acceptance of gifts.
(2) *Rule* 4.—Public demonstration in Honour of Government servants.
(3) *Rule* 5.—Collection of subscription.
(4) *Rule* 6.—Investments, lending and borrowing.
(5) *Rule* 7.—Buying and selling houses and other valuable property. Holding or acquiring of immovable property.
(6) *Rule* 9.—Insolvency and habitual indebtedness.
(7) *Rule* 10.—Communication of Official documents or information.
(8) *Rule* 11.—Publication of documents and communications to the Press in the name of Government servants and public speeches.

(9) *Rule* 17.—Employment under or with near relatives in service.,

Appendix.—(i) Supplementary Rules, (ii) The Tamil Nadu Government Servant's Application for Private Employment Rules, 1973. (iii) The Tamil Nadu Government Servant's Application for Posts Rules, 1973.

791. **Dress to be worn by Government servants while on duty.**—Govesnment servants other than those belonging to certain services like the Police, Nursing, etc., for whom a distinctive dress has been prescribed, are not bound by any restrictions in the matter of dress and are at liberty to wear while on duty, whatever dress they like, provided it is in conformity with the ideas of decency current in the society. It should however be clearly understood that while there is no objection as to the choice of dress which their servants may wear, the Goverment would very much appreciate if normal standards of neatness and tidness are maintained.

[Tamil Nadu Government Press Communique, dated 17th August 1937 and Public (Services) Department Circular Memorandum No. 109, dated 13th May 1949 and Surgeon-General's P. No. 101/E1/49, dated 3rd June 1949.]

792. **Relationship of Government servants with the public.**—The attitude of Government servants towards the public should be such as in keeping with the changed conditions in the administration of the country under a Popular Government. They should realize that their conduct and personal relations with the public should be so regulated as to reflect their duty to "serve" in the best intersts of the people and the country. While indifference or discourtesy towards the members of the public coming to them for relief or guidance is positively bad, Government servants should do much to bring home to the public that the old bureaucratic order of things has gone and that there is nothing now separating the rulers from the rules. This spirit of the time should be apparent on all occasions when officials come into personal contact with the people as well as in all official communications.

Those instructions should be observed strictly.

[G. O. No. 3034, Public (General), dated 4th December 1948 and Surgeon-General's P. No. 2-E1, Dated 4th January 1949.]

793. **Corruption, false and malicious allegations against Government servants.—Legal assistance permissible.**—When false and malicious allegations of corruption are made aginst a Government servant with a view to hamper him and embarass him in the proper discharge of his duties, the Government servant concerned shall be given such legal assistance as may be necessary to enable him to tske effective action against those making the allegations. When there is good reason to

believe that the allegations made against a Government servant are false or malicious, and he wishes to take legal proceedings against the person making them, the head of the department in the Presidency town and, in the mufassal, the district head of the office in which the Government servant is employed (in consultation with the Collector of district) should arrange for the appropriate law officer of the Government giving the necessary legal advice, to and appearing in Court on behalf of the Government servant. Where the person defamed is himself the head of the deaprtment or the district head, the sanction of the State Governnent, or that of the authority who is immediately superior to the district head, as the case may be, should be obtained.

[G. O. No. 2210, Public (Services), dated 28th August 1951 and Director of Medical Service's Circular P. No. 328-M/51, dated 14th September 1951.]

794. **Supplies to officers on tour Prohibition—Instructions.**—All touring officers are forbidden from receiving supplies from their subordinates and the subordinates from offering supplies of any kind without payment to touring officers. Government officers when they are in camp should not indent on their subordinate for supplies free of cost or at nominal cost.

[G. O. No. 2992, Public (Services), dated 2nd December 1948 and Surgeon-General's P. No. 228-E-1, dated 27th December 1948.]

795. **Government Servants permitted to become member of the St. John Ambulance Brigade.**—(1) Government servants under the rule making control of the State Government may, in suitable cases, be permitted by the heads of departments or offices concerned to enrol themselves as members of the St. John Ambulance Brigade and to receive the necessary training, subject however to the condition that it does not interfere with the efficient discharge of their official duties.

(2) Government servants who are permitted to join the brigade should ordinarily be required to undergo the necessary training, etc., out of office hours. In cases however, where this is not possible there is no objection to the period of training, etc., being treated as causal leave to the extent such leave is due and to the extent such leave is not due, as special casual leave.

(3) It should be clearly understood that the Government will not be responsible for any risks, injuries, damages, or other consequences arising out of or during the course of membership or training with the brigade.

[G. O. No. 2829, Public (Services), dated 22nd August 1949 and Surgeon-General's P. No. 177/H/49, dated 2nd September 1949.]

796. **Government servants permitted to become members of the physical science association.**—All Government servants may become members of the "Physical Sciences Association", Madras subject to the conditions that such membership does not in any way affect their normal official duties.

[G. O. No. 2627, Public (Services), dated 9th August 1949 and Surgeon-General's P. No. 171-H/49, dated 24th August 1949.]

797. **Governmemt servants becoming stewards or other office bearers in Race Club.**—Government servants are not allowed to be stewards or other office bearers in Race Clubs.

[G. O. No. 4422, Public (Services), dated 16th December 1949.]

798. **Permission to contribute articles of professional nature to journals, etc.**—Officers of the Tamil Nadu Medical Service are permitted to contribute articles of strictly professional nature to journals, technical and scientific, without obtaining the prior permission of the Director of Health Services and Family/Planning Director of Medical Education and to receive the remuneration offered thereafter.

(G. O. No. 3492, Health, dated 13th October 1951, Government Memorandum No. 19431-M/52-H, dated 10th July 1953 and Director of Medical Services P.No. 399-M/51, dated 23rd October 1951).

799. **Publication by Government Medical Officers of the result of research work undertaken in a Government Laboratory.**—The following instructions regarding the publication by Government Medical Officers of the results of work undertaken in a Government laboratory should be observed :

(i) Government are prepared, subject to certain necessary limitations to stimulate original research work by either publishing or according permission to publish the results obtained. But where the investigation is undertaken in the usual course of the officer's duties or in an institution maintained and with facilities provided by Government, Government should be afforded a prior opportunity of deciding whether it will indertake publication itself or will allow the officer himself to do dso.

(ii) This is necessary as there are occasionally administrative consideration involved, which medical officers are not always in a position to appreciate. A copy of the paper should at the same time be sumbitted for the information of the Government of Tamil Nadu.

(iii) This rule is not intended to fetter in any way the publication by medical officers of the results of independent research and observations or private sutdy. Still less it is intended to prevent them from taking part in the discussion upon a paper read at the meeting of a scientific society. In such cases the only limitation imposed is, the ordinary duty which devolves upon all Government officers of abstaining from anything which might embarass Government.

800. Criticism of Government policy and action through association and journals prohibited.— The relevant rules regarding the participation of Government servants in the deliberations or activities of professional associations (of which Government servants are also members and which may subject the policy and action of Government to public criticism) are contained in the Government Servant's Conduct Rules, 1973. They are given below for the information and guidance of all heads of offices and institutions.

(1) No Goverment servant shall, in any radio broadcast or in any document published anonymously or in his own name or in the name of any other person or in any communication to the press or in any public utterance, make any statement of fact or opinion—

(i) which has the effect of an adverse criticism of any currect or recent policy or action of the Central Government or a State Government; or

(ii) which is capable of embarassing the relations between this State Government and any other Government; or

(iii) which is capable of embarassing the relations between the Central Government and the Government of any foreign State:

Provided that nothing in this rule shall apply to any statement made or views expressed by a Government servant in his official capacity or in the due performance of the duties assigned to him.

(2) A Government servant shall not, except in the discharge of his official duties, preside over or take part in the organisation of or occupy a prominent position at or address, any non-official meeting or conference at which it is likely that speaches may be made or resolutions may be propose or passed criticising the action of the Government or requesting the Government to take certain action other than to make grants admissible under Government rules or orders in support of educational or similar institutions.

Explanation.—Regularly convened meetings for the transaction of their legitimate business of district boards minicipal councils and similar bodies established by law or created by the Government and of associations of Government servants recognised by the Government and of committes or branches of such bodies or associations and meetings called by the Sheriff of Madras or not "non-official" meetings the purpose of this rule

(3) Nothing contained in this rule shall be deemed to prohibit any Government servant from participating in discussions at any private meeting solely of Government servants or of any recognised association of Government servants of matters which affect the personal interest of such servants individually or generally:

Provided that nothing contained in this sub-rule shall be construed to limit or abridge the power of the Government to require any Government servant to publish and explain any policy on action of the Government in such manner as may appear to them to be expedient or necessary.

(4) A Government servant who intends to publish any document or to make any communication to the press or to deliver any public utterance containing statements in respect of which any doubt as to the application of the restrictions imposed by this rule may arise, shall submit to the Government a copy of draft of the document which he intends to publish or of the utterance which he intends to deliver and shall thereafter act in accordance with such orders as may be passed by the Government.

(5) This rule shall apply to the Government Pleaders, Public Prosecutors and other officials, who are not full-time officers, but are engaged by the Government to do specified work without prejudice to the regular exercise of their professions in other respects ; but this rule shall not apply to the Special Public Prosecutors and Pleaders engaged to do Government work generally in specified local areas or specially in any particular case or class of cases.

[G. O. Ms. No. 2226, Public (Services), dated 18th August 1973.]

801. Participation of Government servants in political activities including meetings scope of rule 14 of the Government Servants' Conduct Rules explained.—(1) No Government Servant shall be a member of or be otherwise associated with, any political party or any organisation which takes part in politics nor shall he take part in, subscribe in aid of or assist in any other manner any political movement or activity

(2) It shall be the duty of every Government servant to endeavour to prevent any member of his family from taking part in subscribing in aid of or assisting in any other manner, any movement activity which is or tends directly or indirectly to be, subversive of the Government as by law established and where a Government servant is unable to prevent a member of his family from taking part in or subscribing in aid of or assisting in any other manner, any such movement or activity, he shall make a report to that effect to the Government.

(3) If any question arises whether a Party is a Political Party or whether any organisation takes part in politics or whether any movement or activity falls within the scope of this rule, the decision of the Government thereon shall be final.

(4) No Government servant shall canvass or other wise interfere or use his influence in connection with or take part, in an election to any legislature or local authority:

Provided that—

(i) a Governjent servant qualified to vote at such election may exercise his right to vote, but where he does so, he shall give no indication of the manner in which he proposes to vote or has voted;

(ii) a Government servant shall not be deemed to have contravened the provisions of this rule by reason only that he assists in the conduct of an election in due performance of a duty imposed on him by or under any law for the time being in force.

Explanation.—(1)—Nothing contained in this sub-rule shall be deemed to prohibit the wife of a Government servant or any other member of his family living with or in any way dependent on him from standing for election to any legislature or to any local authority and from canvassing for other candidates.

Explanation.—(2)—The display by a Government servant on his person, vehicle or residence of any electoral symbol shall amount to using his influence in connection with an election within the meaning of this rule.

(5) Seditious propaganda or the expressing of disloyal sentiments by a Government servant shall be regarded as sufficient ground for dispensing with his services. Such conduct in the case of a Government pensioner shall be dealt with under Article 351 of the Civil Service Regulations.

(6) A Government servant proposing or seconding the nomination of a candidate at an election or acting as a polling agent shall be deemed to have committed a breach of this rule.

(7) The rule shall apply to the Government Pleaders, Public Prosecutors and other officials who are not full time officers but are engaged by the Government to do specified work without prejudice to the regular exercise of their professions in other respects but this rule shall not apply to the Special Public Prosecutors and Pleaders engaged to do Government work generally in specified local areas or specially in any particular case or class or cases.

[G. O. Ms. No. 2226, Public (Services), dated 18th August 1973.]

802. Public Servants—Suing or threatening to sue Government Legal position of tenure of appointment of.—Every person who is a member of a Civil Service of a State or holds any civil post under a State holds office during the pleasure of the Governor and it is well established principle of law that no suit or other proceeding will lie in a Civil Court against the Government at the instance of a Government servant in respect of any order affecting his conditions of service or in respect of any disciplinary or other action taken against him in his capacity as a Government servant. If a Government servant feels aggrived by any such order or action, his remedy is to appeal or submit memorial to higher authorities, subject to the conditions and restrictions, if any, prescribed by the rules applicable to his service. Recourse to court to ventilate service grievances is improper and will be viewed with grave displeasure.

[G. O. No. 581, Public (Services), dated 1st June 1934.]

803. The Tamil Nadu Civil Services (Safeguarding of National Security) Rules, 1954—The Tamil Nadu Civil Services (Safeguarding of National Security) Rules, 1954, were promulgated so as to enable the State Government (a) to restrict the employment to a particular post or to a specified category of post of (b) to compulsorily retire without recourse to elaborate procedure laid down in the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, those Government servants, against whom there are good grounds for beliving that they are engaged in or actively associated with subversive activities. These rules are given in the annexure. The procedure to be followed in taking action under these rules, will be regulated by executive instructions issued by the Government from time to time.s

(State and Subordinate Services Rules in Tamil Nadu Services Manual Volume I.)

804. Government Servant's Conduct Rules—Influencing superior authorities prohibited.—The Rule 18 of the Government Servant's Conduct Rules prohibits Government servants from bringing or attempting to bring not only political influence but also any other outside influence to bear upon any suprior authority for the furtherance of their intersets. The Government view with serious displeasure any attempt on the part of Government servants to inflluence superior authorities in any manner whatsoever, in matters like promotion, discipline, etc., and the recommendations by any member of the general public will, unless the contrary is proved,be regarded as having been prompted by the Government servant concerned.A superior authority who is soughtto be influenced should invaribly call upon the Government servant concerned to show cause against penalty prescribed by the rules and proceed to impose that penalty unless the Government servant proves his innocence by establishing that the representation was made without his knowledge. Government servants should not submit any kind of representations through M.L.As or M.L.Cs. so that the later may forward them with their endorsements. Sending representations through members of the Legislatures is a contravention of rule 18 of the Government Servants' Conduct Rules and the Government servant concerned are liable to disciplinary action.

[Government Memorandum No. 798-49-1, Public (Services), dated 30th April 1949,
Government Memorandum No. 123, Public (Services), dated 2nd June 1949 and
Surgeon-General's P. No. 113-H, dated 28th July 1947,
G. O. Ms. No. 2226, Public (Services), dated 18th August 1973.]

ANNEXURE.

TAMIL NADU CIVIL SERVICES (SAFEGUARDING OF NATIONAL SECURITY) RULES, 1954.

Rules.

1. (a) These rules may be called the Tamil Nadu Civil Services (Safeguarding of National Security) Rules, 1964.

(b) The Tamil Nadu Civil Services (Safeguarding of National Security) Rules,1949, are hereby cancelled.

(c) These rules shall apply to all persons serving in connection with the affairs of the State of Tamil Nadu.

2. In these rules—

(*a*) "Government Servant" means any person to whom these rules apply;

(*b*) "Head of department" means any authority who is the head of a department for the purpose of subsidiary definition (ii) under rule 9 of the Fundamental Rules of the Tamil Nadu Government; and

(*c*) "the competent authority" means—

(i) in relation to a Government servant appointed by the head of the depatment, or by an authority subordinate to the head of a department, the head of the department; and

(ii) in relation to any other Government servant, the Governor of Tamil Nadu.

3. Where the Governor is of opinion that a Government servant is engaged in or isreasorably suspected to be engaged in subversive activities or is associated with others in subservice activities and that his retention in the public service is on that account prejudical to national security, the Governor may makes an order compulsory retiring such Government servant from service.

4. Before an order under rule 3 is made—

(*a*) the competent authority shall by notice in writing inform the Government servant of the action proposed to be taken in regard to him and given him an opportunity to make to the Governor within such period as may be specified in the notice, representation in writing against that action; and

(*b*) the Governor shall take into consideration the representation, if any, so made by him.

5. Where action under these rules is proposed to be taken in regard to a Government servant, the competent authority shall place the Government servant under suspension ;

Provided that, if the Government servant so wishes, the competent authority shall. before placing him under suspension permit him to proceed on such leave as may then be admissible to him.

6. Nothing contained in the Tamil Nadu Civil Service (Clarification, Control and Apepal) Rules shall alpply to or in respect any of action taken or porposed to be taken under these rules.

7. Any person compulsorily retired from service under rule 3 shall be entitled to such compensation, pension, gratuity or provident fund benefits as would have been admissible to him under the rules applicable to his services or post on that date of such retirement if he had been discharged from service, due to the abolition of his post without any alternative suitable employment being provided.

(State and Subordinate Services Rules in Tamil Nadu Services Manual, Volume I.)

SECTION 2.

MAINTENANCE OF PERSONAL FILES, CONFIDENTIAL SHEETS.

A. GENERAL INSTRUCTIONS.

805. **Maintenance of personal files.**—(a) *Gazetted Officers*—The personal file in respect of Gazetted Officers will be in open system. Under the open system, the personal files on Gazetted officers should be written on 31st December evey year and shown to the Government servants concerned during February of the succeeding year. In respect of probationers, the half yearly reports should be written as on 30th June and 31st December and it should be shown to them in August and Februray of every year. An acknowledgement to that effect should be also obtained from the persons concerned. As regards the manner in which the reports on officers are to be recorded, the Government have issued various instructions from time ot time. In order to avoid delay in writing personal files the reporting officers should bestow personal attention in the maintenance of the personal files of the Gazetted staff under their control in a complete and perfect form so that they are easily available for reference at the time of preparation of promot on panels and for assessing the work of the officer for any other purpose. The proforma in which the personal files should be written is furnished in Annexure I.

[G. O. Ms. No. 2033, Public (Services-J) Department, dated 3rd September 1970 and
G. O. Ms. No. 2023, Public (Services-J) Department, dated 8th August 1972,
Government Memorandum No. 52471-A/74-1, Public (Services-G) Department, dated 8th October 1974.]

(*b*) *Non-Gazetted Officers.*—No personal files need be maintained in respect of Non-Gazetted Government Officers. However record sheets should be maintained in the form prescribed in the Annexure II. Any punishment imposed on them should be entered in the record sheet by the head of the office concerned. This record takes effect from 1st March 1972.

[G. O. Ms. No. 928, Public (Services-J) Department, dated 4th April 1972.]

806. **Authority who should prepare personal files.**—The authorities who prepare, maintained and scrutinise the personal file of Gazetted Officers under the control of the Director of Health Services and Family Planning/Director of Medical Education are shown in Appendix XXI of Tamil Nadu Medical Code, Volume II.

807. *Deleted.*

808. *Deleted.*

809. **Instructions for the preparations of personal files of Medical officers.**—Prior to the introduction of open system of maintaining personal files in Government Officers, the following procedure was adopted in respect of writing of confidential reports on the work and conduct of the officers and subordinate of this Department.

(i) Annual reports to be written up for the official year ending 31st March in the case of permanent incumbents and approved probationers.

(ii) Half-yearly reports for the half-year ending 31st March and 30th September to be written up in the case of probationers and persons appointed under emergency provisions.

2. Consequent on the introduction of open system of maintaining personal files in Government offices in G.O. Ms. No. 2033, Public (Services-J) Department, dated 3rd September 1970 (communicated in this office circular Memo. P. No. 13/SC/70, dated 23rd September 1970) and introduction of proforma for writing the supplementary report on Medical Officers in Medical and Public Health Departments in Government Memo. No. 50370!H, 10/70-3, Health, dated 31st October 1970 (communicated in this office Memo. Ref. 360418/SCI/70, dated 17th November 1970) and with reference to orders issued in Government Memorandum No. 4131/70-1, Public (Services-J) Department, dated 27th January 1971 (communicated in this office Memo. Ref. No. 39314/SC1/71, dated 23rd March 1971) the confidential reports in respect of the Medical officers under the control of this Department are to be written in the revised forms and supplementary form as detailed below :—

(i) Annual reports to be written up as on 31st December every year in the case of permanent incumbents and approved probationers.

(ii) Half yearly reports for the half years ending 30th June and 31st December to be written up in the case of probationers and persons appointed under emergency provisions.

(D.H.S. and F.P.P. No. 45/5c-1/7, dated 6th October 1971.)

810. Confidential reports on District Medical Officer, Civil Surgeons and Assistant Surgeons in the mufassal—Procedure for sunbmission.—(1) District Medical Officers and Civil Surgeons.

(i) The Collectors should send confidential reports to the Director of Health Services and Family Planning on District Medical Officers and Civil Surgeons in the mufassal by the 10th January every year. The reports of Collectors on District Medical Officers and Civil Surgeons should contain a general impression on the character and conduct of officers concerned and it need not be any particular form.

(ii) Copies of such reports should be retained by the Collectors for a period of five years.

(iii) In order to enable the Collectors to report on Medical Officers they may, if necessary inspect Government Medical Institutions during the course of their regular district tours, as long as they do not make tours for this purpose alone.

(iv) The reports received from Collectors should be filed with the remarks of the Director of Health Services and Family Planning in the personal files of the officers concerned. If the reports of the Collectors warrant any investigation or other action, the Director of Health Services and Family Planning should take further steps in the matter and, wherever necessary, bring the matter to the notice of the Government.

(G. O. No. 2785, Public Health, dated 21st September 1946,
Government Memorandum No. 63051-1-D1, Public Health, dated 9th December 1946.
Surgeon-General's Circular P. No. 263-E-1, Public Health, dated 23rd December 1946,
Government Memorandum No. 161111-D-1, Public Health, dated 7th March 1947,
Government Memorandum No. 25330-1-D-1, P.H., dated 9th April 1947,
G.O. No. 2049, Health, dated 6th June 1950.
Government Memorandum No. 34658-M/50, Health, dated 30th June 1950.
Government Memorandum No. 24486-M-51, Health, dated 7th August 1951 and
Government Memorandum No. 14579-M/53-2, Health, dated 14th April 1953).

811. Submission of personal files of certain categories of officers to Government.—The personal files (duplicate copies) of officers of the grade of Civil Surgeons are maintained in the Secretariat for which purpose the Director of Health Services and Family Planning should forward to Government duplicate copies of the reports on the above categories of officers by the 1st March of every year. The Director of Health Services and Family Planning should also forward to Government half-yearly confidential reports on probationers in the several categories by the 1st March and the 1st August of every year.

(Government Memorandum No. 26476-M/52, Health, dated 17th July 1952.)

812. Confidential reports on Assistant Surgeons.—Remarks of executive authorities of Panchayat Unions and municipal councils.—Executive authorities of Panchayat Unions and municipal councils are given an opportunity of placing their views before the Director of Health Services and Family Planning regarding individual Government Assistant Surgeons working in Panchayat Union and Municipal Medical Institutions under their control. Confidential reports on each Assistant Surgeon should therefore be sent every year by the executive authorities of Panchayat Unions and municipal councils concerned to the respective District Medical Officers so as to reach them on or before the 15th January for the preceding calendar year and the District Medical Officers should incorporate the reports so received in the personal files of the Assistant Surgeons concerned for each year before submitting their reports to the Director of Health Services and Family Planning with their remarks for scrutiny.

If the reports are not received in the District Medical Officers' Office for each year on or before the date specified above, the District Medical Officers will presume that the exective authorities concerned have no remarks to offer.

(G. O. No. 4091, Public Health, dated 4th September 1940.)

813. **Personal files of Medical Officers employed in teaching institutions.**—(1) The primary responsibility for the preparation and submission of personal files of the following classes of Medical Officers holding teaching appointments in Government Medical Colleges in the State shall rest with the head of the teaching institution concerned who should take steps to ensure that the reports are written by the officers concerned and submitted to the Director of Medical Education, by the prescribed date :—

(i) Non-clinical Professors/Additional or Associate Professors/Readers.

(ii) Non-clinical Lecturers.

(iii) Non-clinical Tutors or Assistant Professors.

(iv) Clinical Professors/Additional or Associate Professors/Readers.

(v) Clinical Lecturers.

(vi) Clinical Tutors or Assistant Professors.

(2) The following instructions should be observed in regard to the preparation of the personal files :—

(*a*) **Non-clinical Professors and Non-clinical Lecturers.**—The head of the teaching institution concerned shall intimate and complete the personal files before submission to the Director of Medical Education.

(*b*) **Non-clinical Tutors or Assistant Professors.**—In the case of Non-clinical Tutors and Assistants, the Principals of Colleges should send from their offices each year prescribed forms for writing out the personal files to the Professors concerned who shall complete the entries relating to name, post held, etc.

(*c*) **Clinical Professors and Clinical Lecturers.**—The Principal concerned shall send the forms to the Superintendent of the teaching hospital who will himself complete the main headings and transmit the report to the Principal for adding his own remarks before submission to the Director of Medical Education.

(*d*) **Clinical Tutors or Assistant Professors.**—The Principal shall supply the necessary forms to the Superintendent of the hospital concerned. The latter shall transmit the forms to the officers under whom they serve in the hospital who shall complete the entries relating to name, post held, etc.

(G. O. No. 144, Public Health, dated 16th January 1939,
Surgeon-General's P. No. 246-E1, dated 30th August 1943 and
P. No. 289-E-1, dated 4th December 1944,
G. O. Ms. No. 2655, Health and F.P. Dept., dated 25th October 1971.)

814. **Personal files of officers of the Public Health Department attached to Medical Colleges, etc.**—Confidential reports in respect of Health Officers attached to Medical Colleges or employed in other capacity in the Health and Family Planning Department should be prepared in accordance with the instructions issued by the Additional Director of Health Services and Family Planning from time to time in this regard and forwarded to the Director of Health Services and Family Planning by the 10th January every year.

(Surgeon-General's Circular P. No. 5E-1, dated 2nd January 1951.)

815. **Confidential reports on members of Tamil Nadu Nursing Service.**—The following procedure should be observed in connection with the preparation of confidential reports on members of Tamil Nadu Nursing Service :—

(i) Confidential reports on all full members and approved probationers in the categories of Nursing Superintendents and Nursing Tutors in the Tamil Nadu Medical Service should be written in the prescribed form only once a year and submitted to the office of the Director of Health Services and Family Planning by the 20th January of the following year.

(ii) Confidential reports on probationers in the categories referred to above should, however, be prepared in the prescribed form for the half-year ending 30th June and 31st December every year and sent to the office of the Director of Health Services and Family Planning by the 20th July and 20th January respectively.

816. Instructions for communication of unfavourable remarks in confidential reports to the officers concerned.—(1) The question has been raised whether adverse remarks made in the personal files of Government servants by reporting officers should be communicated to the concerned officers immediately they are made or after the personal files have been scrutinised by the prescribed higher authorities. The Government consider that such remarks should be communicated to the persons concerned only after they have been seen and accepted by the scrutinising authorities.

[G. O. Ms. No. 1431, Public (Services), dated 17th May 1949.]

All adverse entries made in the personal files of Government servants by reporting officers are to be confirmed by scrutinising officers and normally communicated to the Government servant concerned and the decision not to communicate any such remarks should be taken only by the scrutinising officer after recording a specific order to that effect on the personal files.

[G. O. Ms. No. 3203, Public (Services-D), dated 25th November 1958.]

(2) Whenever adverse remarks are communicated, separate acknowledgement for having received the communication of adverse remarks should be obtained form the individual concerned and filed with his personal file. In the absence of such acknowledgement in the personal file, it will be taken that the adverse remarks had not been communicated. The scrutiny officer should satisfy himself that the above instructions have been followed in all cases where adverse remarks have to be communicated.

[Government Memorandum No. 1029/63-3, Public (Services-D), dated 13th October 1961.]

(3) While communicating to the Government servant concerned the adverse remarks in his personal file, the identity of the superior officer making such remarks should not normally be disclosed.

If, however, in a particular case, it is considered necessary to disclose the identity of the superior officer, the authority dealing with the representation may at his discretion allow the identity to be communicated.

[G. O. Ms. No. 919, Public (Services-A), dated 18th May 1964 and Government of India, Ministry of Home affairs, Letter No. 512/64-Establishments (A), dated 6th April 1964.]

(4) In cases where no scrutiny of the personal file at a higher level has been prescribed, the heads of departments themselves will be responsible for communicating the adverse remarks as soon as they are made. The head of a department may also decide for valid reasons to be recorded in the personal file, that in any particular case the adverse remarks should not be communicated to the officer concerned.

(5) The heads of departments and other scrutinising officers should convey their approval or disapproval of the adverse remarks against an officer at the earliest opprtunity after they are brought to their notice and arrange for their early communication to the officer concerned. Timely communication of adverse remarks would enable the officers concerned to improve or represent further to their superior officers. Where prompt action is not taken as indicated above and the adverse remarks are found later to have been unjustified, it may become too late to set right the damage caused to the official career of a person.

[G. O. Ms. No. 1751, Public (Services-A), dated 21st October 1964.]

(6) The adverse remarks entered in the personal file are to be communicated to the individuals concerned immediately after the entries in the personal files have been scrutinised by the scrutinising authorities. Recently, some instances have come to notice in which considerable embrassment was caused to Government in the case of certain officers, by the late communication of adverse remarks. The question as to the method of assessment to be adopted in respect of cases where adverse remarks entered in the personal files of Government servants were not communicated at all to the individuals concerned and in respect of cases where the adverse remarks were communicated after a prolonged delay, extending even upto five years has been examined by the Government and they pass the following orders :—

(i) The Government will take a serious view of non-communication of adverse remarks within a month of the acceptance of those remarks by the review/counter-signing officer. The responsibility is that of the latter officer and he will be held liable for disciplinary action for any delay or omission in the discharge of this important duty.

(ii) Adverse remarks relating to a period of three years or more perior to the date when the matter is noticed or brought to notice and which were not communicated at all to the officer concerned will be wholly ignored, in the context of promotion, confirmation, etc. They need not be communicated at all at that later stage.

(iii) Adverse remarks over one year old (i.e. from the date of acceptance by the reviewing/counter-signing officer) but less than three years old need be communicated if the latter officer (after consulting the present reporting officer, if need be) considers that the defects no longer exist. In that case, he may record a note to that effect in the personal file under intimation to his next official superior so that the latter may take any further action called for.

(iv) Where adverse remarks have been communicated and have not been modified/expunged on representations, if shall be the duty of the reporting officer and the reviewing/counter-signing officer to specifically consider and state in the confidential report for the following year whether the defects have been rectified or not; silence on the part of the reporting or reviewing/counter—signing officer will be construed to mean that the defects have been rectified.

(v) Representation for expunging or modifying adverse remarks should be submitted, within three months of the date of receipt of the remarks, by the official reported upon. Otherwise, they are liable to be summarily rejected. The representation should be finally disposed of within six months of their receipt, failing the defects should not be held against the officer for promotions, etc..

(vi) Duplicate copy of memorandum of communication of adverse remarks with acknowledgement endorsed thereon should be kept in the personal files of the individual concerned.

[G. O. Ms. No. 2787, Public (Services-A), dated 12th November 1969.]

(vii) A question has been raised whether officers should be allowed to make representations against unfavourable remarks recorded in their confidential reports and communicated to them by their superior officers. Such communications should refer only to remediable defects. Unfavourable remarks in confidential reports are not punishments under the statutory rules and for this reason no appeal lies against such remarks. It is to be borne in mind that such reports express only the opinion of the officer making the report, but at the same time the Government consider that an officer should be given an opportunity to make a representation against any remark of which the substance has been communicated to him, and which he feels to be unjustifiable.

[G. O. Ms. No. 1798, Public (Services), dated 24th October 1969 as subsequently amended.]

Such representation against unfavourable remarks should be made to the authority charged with the duty of scrutinising the officer's personal file.

Where however, the unfavourable remark is made by the scrutinising authority itself, the representation may be made to the next higher authority.

Memorials to Government will continue to be considered in the same way and to the same extent as memorials in regard to specific punishments.

[G. O. Ms. No. 2275, Public (Services), dated 16th November 1940.]

Representation against unfavourable remarks recorded in confidential reports and communicated to the officers concerned should be preferred within one month from the date of which such communication is received by the officers concerned.

[G. O. Ms. No. 2665, Public (Services-D), dated 21st September 1953.]

The Government also direct that representations, if any, made against adverse remarks which were communicated to the officers concerned should go into their personal files.

[G. O. Ms. No. 1889, Public (Services), dated 2nd June 1969.]

ANNEXURE I.

(*Vide* Paragraph 805.).

PRO FORMA FOR THE CONFIDENTIAL REPORT ON THE GAZETTED OFFICER'S FOR THE PERIOD ....

1. Name and designation of the officer reported on

2. Period of stay in the present post

3 Grade Pay and the actual pay of the officer reported on

4. Date from which the officer is working under the reporting authority.

5. Personality and bearing .. .. ..

6 Physical capacity .. .. ..

7. Knowledge of rules and regulations ..

8. Capacity for noting and drafting ..

9. Promptness .. ..

10. Productivity in terms of volume of work.

11. Dependability (Compliance with instrutions).

12. Effectiveness and acceptance of responsibility.

13. Capacity for control and supervision, fact, initiative and drive.

14. Relations with colleagues and superiors ..

15. Relations with public .. .. ..

16. Conduct and Character .. .. ..

17. Fitness for promotion .. .. ..

18. Overall Rating .. ..

19. Narrative Report .. ..

Name of the Reporting Officer and Designation.

Counter-signed :

Name in Block Letters :

Designation :

Acknowledgement for having seen the report for this period................

Signature :

Name in Block Letters :

Designation :

NOTES.—1. The answers to items (5) to (15) above, should be in one of the 6 graph ratings, namely " (i) Out standing", (ii) "Good", (iii) "Above Average", (iv) "Average", (v) "Below Average" and (vi) "Unsatisfactory".

2. The narrative report should contain general comments on the performance of the Officer his strength and weeknessess Brief reasons for arriving at this overall rating on the job should also be given, i.e., whether "Outstanding", "Good", "Above Average", "Average", "Below Average", or "Unsatisfactory". His capacity for advancement to the next higher grade should be noted upon, Both favourable and adverse remarks should be supported by a few specific instances.

(G.O. Ms. No. 2023, Public (Services-J) Department, dated 8th August 1972.)

ANNEXURE II.

[*Vide* Paragraph 805(b)]

FORM OF RECORD SHEET.

.............Department.

Name :

Designation :

Date of birth :

Date of joining Government Service :

Date of entry.	Post held.	Punishment	Authority No. and date of order issued.	Signature of Officer.
(1)	(2)	(3)	(4)	(5)

[G O. Ms. No. 928, Public (Services-J), Department, dated 4th April 1972..]

Section 3.

PUNISHMENTS AND APPEALS.

817. **Punishments.**—(1) The statutory provisions to be observed in awarding punishment's to the members of the State and Subordinate Services are contained in the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, published in Volume I of the Tamil Nadu Services Manual, the appropriate punishments are—

(i) Censure,

(ii) Fine (in the case of persons for whom such penalty is permissible under those rules).

(iii) Withholding of increments or promotions, including stoppage at an efficiency bar.

(iv) Reduction to a lower rank in the seniority list or to a lower post or time-scale whether in the same service or in another service, state or subordinate, or to a lower stage in a time-scale.

(v) (*a*) Cash recovery from pay of the whole or part of any pecuniary loss caused to State Government or the Central Government or to a local body by negligence or breach of orders.

(*b*) Recovery from pay to the extent necesssary of the monetary value equivalent to the amount of increments ordered to be withheld, where such an order cannot be given effect to.

(*c*) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of reduction to a lower stage in a time-scale ordered where such an order cannot be given effect to.

Explanation.—In cases of stoppage of increment with cumulative effect, the monetary value equivalent to three times the amount of increments ordered to be withheld may be recovered.

Notwithstanding anything contained in rule 1 (*b*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, rule 8 as amended above shall be deemed to have come into force on 25th September 1953.

(vi) Compulsory retirement otherwise than under article 465 (2) or under Note 1 to Article 465-A of the Civil Services regulations.

(vii) Removal from the Civil Service of the State Government.

(viii) Dismissal from the Civil Service of the State Government.

(ix) Suspension, where a person has already been suspended under rule 17(*e*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules to the extent considered necessary by the authority imposing the penalty.

[G.O. No. 1442, Public (Services), dated 30th May 1953.]

(2) The penalty of fine, as such shall not be imposed on any person who is not a member of the Tamil Nadu Last Grade Service which is one of the services included in the subordinate services.

818. Authority competent to impose punishment.—(1) The Director of Health Services and Family Planning/The Director of Medical Education may impose any of the following penalties on all officers in the cadre of Assistant Surgeons and also on Lay Secretaries and Treasuries:

(*a*) Censure.

(*b*) Withholding of increments or promotion including stoppage at an efficiency for.

(*c*) (i) Recovery from pay of the whole or part of any pecuniary loss caused to the State Government or the Central Government or to a local body by negligence or breach of orders.

(ii) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of increments ordered to be withheld, where such an order cannot be given effect to.

(iii) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of reduction to a lower stage in a time-scale ordered where such an order cannot be given effect to.

Explanation.—In cases of stoppage of increment with cumulative effect, the monetary value equivalent to three times the amount of increments ordered to be withheld may be recorded.

Notwithstanding anything contained in rule 1 (*b*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, rule 8 as amended above shall be deemed to have come into force on the 25th September 1953.

(2) The Director of Health Services and Family Planning/The Director of Medical Education is also competent to suspend all officers in the cadre of Assistant Surgeons in the Tamil Nadu Medical Service and also lay Secretaries and Treasuries in the Tamil Nadu General Service pending enquiry into grave charges under rule 17(*e*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules.

NOTE.—Orders of Government are necessary for imposing all other punishments on members of the State Services in the Health Services and Family Planning Department.

(3) As drugs controller, The Director of Health Services and Family Planning is competent to impose any of the following penalties on Senior Drugs Inspectors:—

(*a*) Censure.

(*b*) Withholding of increments or promotion including stoppage at an efficiency bar.

(*c*) (i) Recovery from pay of the whole or part of any pecuniary loss caused to the State Government or the Central Government or to a local body by negligence or breach of orders.

(ii) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of increments ordered to be withheld, where such an order connot be given effect to.

(iii) Recovery from pay to the extent necessary of the monetary value equivalent to the amount of reduction of a lower stage in a time-scale ordered where such an order cannot be given effect to.

Explanation.—In cases of stoppage of increment with cumulative effect, the monetary value, equivalent to three times the amount of increments ordered to be withheld may be recovered.

Notwithstanding anything contained in rule 1 (*b*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, rule 8 as amended above shall be deemed to have come into force on the 25th September 1953.

(4) The authority which may impose any of the prescribed penalties or suspension pending enquiry into grave charges under rule 17(*e*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules on a member of a subordinate Service shall, be as specified in the appendix to the said rules.

G.O. Ms. No. 1436, Health, dated 21st June 1974.)

819. Instructions regarding disposal of disciplinary cases.—For instructions regarding disposal isciplinary cases *See* Appendix XXII.

820. Public servants disciplinary cases.—Departmental enquiries—Power to summon witnesses and to administer oaths to witnesses.—(1) The legal position in the matter of securing the attendance of non-official witnesses in departmental enquiries is as follows:—

Under section 3 of the Tamil Nadu Land Revenue Enquiries Act, 1893, the Government can, by order, invest any officer deputed by them to make an enquiry into the conduct of any public servant as such with power to summon any person to appear before such officer to give evidence or to produce documents. The act does not apply to a case where the officer making the enquiry is not deputed for the purpose by the Government; but acts in virtue of the powers conferred on him by statutory rules. There is therefore no objection to the Government specifically deputing such an officer to make the inquiry into the conduct of the public servant and to their conferring on him the necessary powers under section 2 of the Act. This procedure may be followed in cases where it is found really necessary that the enquiring officer should have legal powers to summon witnesses to give evidence or to produce documents. The enquiring officer may also exercise the powers vested in him by the statutory rules, after the completion of the enquiry.

(2) The legal position in regard to the administration of oaths to witnesses is as follows:—

Under section 4 of the Tamil Nadu Land Revenue Enquiries, Act, 1893, any officer making an enquiry under that Act may examine orally any person supposed to be acquainted with the matter under enquiry or any fact relevant thereto and may reduce into writing any statement made by the person so examined and such person shall be bound truely to answers all questions, relating to such matter, put to him by such officer other than questions the answer to which would have a tendency to expose him to a criminal charge, or to a penalty or forfeiture. By virtue of this and sections 2 and 3 of the Act, a person who is deputed by the Government to make an enquiry into the conduct of any public servant as such and who is invested by the Government with power specified in section 2 of the Act, will be a person having by law the authority to receive evidence and consequently be authorised to administer oaths—*See* section 4 of the Indian Oaths Act, 1873. It follows that any officer deputed to make an enquiry into the conduct of any public servant under section 2 of the Tamil Nadu Land Revenue Enquiries Act is IPSO FACTO legally authorised to administer oaths.

(3) The legal position set out in sub-paragraph (1) above should be borne in mind in cases where it is found necessary to compel witnesses to give evidence or to produce documents in departmental enquiries.

(4) With regard to sub-paragraph (2) above, if in any departmental enquiry it becomes necessary to examine witnesses on oath, the Government may be addressed for deputing an officer under section 2 of the Tamil Nadu Land Revenue Enquiries Act to conduct the enquiry. Order will then be issued investing the officer concerned with necessary powers.

[G.Os. No. 2742, Public (Services), dated 1st December 1941 and No. 1998, Public (Services), dated 27th August 1945.]

821. Disciplinary provisions for persons employed in a temporary capacity and holders of posts which are not governed by statutory provisions.—(1) Subject to the provisions of any order issued by the State Government in this regard, persons employed temporarily on the terms that their employment may be terminated on one month, notice or less and those in respect of whom a specific declaration is made that their conditions of service are matters not suitable for regulation by rule, shall, in respect of discipline, be dealt with according to the provisions of Article 311 of the Constitution of India.

(2) The following steps in the diciplinary procedure should be complied with in respect of posts specifically excluded from the statutory rules, if the action proposed to be be taken against a person in the employment of the Government is dimissal, removal from service or reduction in rank :—

(i) Explanation should in the first instance be called for.

(ii) Specific charges should be framed against the officer and his explanation called for on each of the charges.

(iii) The explanation offered by the officer should be considered by the enquiry officer and he should record his findings on each charge. The officer competent to impose the punishment then should come to a provisional decision as to what punishment should be imposed on the Officer.]

(iv) A copy of the findings on the charges should be sent to the officer and he should be informed of the provisional conclusion as to the punishment to be imposed and the officer asked to show cause within a specific period, which should be reasonable, against the action proposed to be taken against him.

(v) The officer's representation (deliquent defence) in response to the final notice should again be considered and a final decision in regard to the punishment to be imposed should be taken by the competent authority and orders thereon issued.

(3) In regard to the imposition of punishments other than dismissal removal from service or reduction in rank, all that is necessary is that the rules of natural justice should be observed and in particular the delfquent should be given a resonable notice to show cause against the punishment proposed to be imposed.

[G.Os. No. 4103, Public (Services), dated 25th November 1949 and No. 1487, Health, dated 6th May 1952 and Government Memorandum No. 28440-P-3/52-2, Health, dated 22nd July 1952.]

822. Departmental punishment to subordinates after their acquittal in a criminal court.—When the question arises of a departmental enquiry into the conduct of an officer who has already been tried in a criminal court on the facts which form the basis of the charge against him, the following instructions should be observed :—

(1) If, on a full consideration of the same facts, a criminal court has arrived at a definite decision, which is neither reversed nor modified , it is not expedient that the department should proceed on the basis that the proceedings in the criminal court were misconceived or that the judgement was erroneous, but.

(2) If certain facts affecting the charge were not placed before the criminal court, or a definite aspect of the case was not considered by it, there is no objection to a departmental enquiry into matters which did not form the basis of the judicial proceedings. It is not to be understood that the departmental authorisetis are not entitled on grounds of ligitimate suspicion to order a departmental enquiry in all such cases. But in enquiries of this kind, the departmental authorities should not dissent from the conclusions arrived at by the court of law, unless fresh circumstances have brought to light lacunae or defects in the evidence before, or in the procedure of, such court.

(G.O. Ms. No. 488, Public, dated 21st May 1926)

823. Public Services—Conviction by criminal courts—Prompt-intimation to administrative authorities.—Under Article 311 of the Constitution of India, no Government servant shall be dismissed or removed or reduced in rank until he has been given a reasonable opportunity of showing cause against the action proposed to be taken in regard to him. But this provision does not apply in the case of a Government servant who is dismissed or removed or reduced in rank on the ground of conduct which has led to his conviction on a criminal charge. Rule 17(*c*) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules and rule 3 (*b*) of the Tamil Nadu Police Subordinate Service Discipline and Appeal Rules also lay down that when a Government servant is convicted by a criminal court, the appropriate authority can proceed to pass orders imposing the penalties of dismissal, removal, etc., without following the detailed procedure prescribed by those rules. In such cases, action, should be taken to pass necessary orders immediately on conviction by the first trail court in order to avoidtdwasteful expenditure involved in allowing the Government servant concerned to remain under suspension and draw his subsistance allowance under the Fundamentral Rules, Final action for dismissal, removal, etc., should not be postponed until the convicted Government servant has exhausted all his rights of appeal to higher courts. Even in the event of the conviction being set aside on appeal, it does not necessarily follow that there must have been an (honourable acquittal) necessitating reinstatement with full benefit of pay and allowances for the entire period . The circumstances of the case may still be such as to call for departmental disiciplinary action with a view to inflicting appropriate penalties. It is therefore necessary that as a rule, the question whether appropriate orders of dismissal, etc., may be passed in such cases should be examined as soon as the first trial court has passed orders of conviction. Prosecuting officers shall arrange to see that prompt intimation is given to the administrative authorities concerned whenever orders convicting any Government servant of a criminal offence are passed in cases handled by them.

(Government emorandum No. 6111/54-2, Public (Services), dated 1st February 1952 and Director of Health Services andFamily Planning Circular P. No. 32-E1, dated 18th February 1952).

823-A. Public Services.—Disciplinary proceedings on a Government servant who has been convicted by a court need not be deferred awaiting the result of the appeal preferred by appellant—While disposing of criminal miscellaneous petition No. 3311/68 on 3rd September 1969 filed in the High Court by the accused officials who were convicted in the Lower Court and requisting stay of all further proceedings by way of disciplinary action in persuance of the conviction the Honourable Justice observed that once the conviction is recorded by a competent Court of Law on a criminal charge and until and such conviction is set aside either on appeal or revision such conviction remains effective and can be made the basis of dimissal, removal or reduction in rank of a public servant.

[Government Memorandum No. 301, 70-1, Public (Services-B), dated 31st January 1970 and Director of Health Services and Family Planning Circular P. No. 37/E3/70, dated 18th February 1970.].

823-B, Public Services.—Government Servants involved in criminal misconduct—Simultaneous action.—(1) There is no bar to taking of simultaneous action both departmental and criminal.

(2) Care should be taken to ensure that there is no wilfull violation of the stay order of the proceedings, if court of competent jurisdiction orders such a stay. In the absence of such stay order, the disciplinary authority is free to exercise its lawful powers.

[G.O. Ms. No. 1344, Public (Services-B), dated 16th May 1973 and Director of Health Services and Family Planning Circular R. Dis. No. 27/SC3/73, dated 19th June 1973.]

824. Government servants convicted for offences under the Tamil Nadu Prohibition Act.—Departmental action—Nature of penalty to be imposed.—Under the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, any of the penalties mentioned in those rules, including dismissal from the Civil Services of the State may be imposed on a Government Servant convicted in a criminal court on the basis of the facts which have led to his conviction; but dismissal from service need not automatically follow such a conviction and it is open to the competent authority to decide whether dismissal is really called for any particular case, having regard to the gravity of the offence. The Government take a very serious view of breaches of the Prohibition Law by Government servants and have decided that in the case of any Government servant who is found guilty by a competent-court, of an offence under sections 4, 4-A, 5 or 7 of the Prohibition Act.

(i) the punishments to be awarded in respect of first conviction should be decided on its merits; and

(ii) in resect of a second conviction, the punishment to be inflicted by the punishing authority may be compulsory retirement or dismissal, according to the circumstances of the case.

G.O. No 320, Public (Services), dated 20th January 1950 and Surgeon General's Circular P. No. No. 48-G/50 dated 8th Firuary 1950 as amended in G.O. Ms. No. 795, Publc (Services-A) Department, dated 20th April 1969, and Director of Health Services and Family Planning Circular P. No. 155/E3/1/69, dated 24th July 24th July 1969.

825. Suspension as a specific punishment to be avoided.—The suspension of a Government servant as a substantive punishment makes it imposisible for him to maintain the standard of living to which he was accustomed and consequently he runs into debts and tends to become demoralised. Suspension as a specific punishment shall not be awarded on a member of any service except when it is necessary in the public interest to suspend his pending enquiry into grave charge against him.

[G.O. No. 1299, Public (Services), dated 3rd July 1940 and Government Memorandum N o 22769-3, Public (Services) dated 10th December 1940].

NOTE.—The provisions of this paragraph do not prohibit suspensions, in the case of a person who has already been suspenced under rule 17(c) of the the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, to the extent considered necessarily by the authority imposing the penalty.

[GO. No. 1442, Public (Services), dated 30th May 19353].

826. Government Servants under suspension—Address to be furnished.—When a Government servant is suspended, he is free to go where he likes but he must leave his address with the head of his office or he is himself the head of an office with his immediate superior. He must obtain prior sanction of the competent authority for leaving the Headquarters fixed. He must also leave his address with the officer, if any, holding an enquiry into his conduct. He must obey all orders to attend any enquiry into his conduct and if he fails to do so, the enquiry may be held in his absence.

(G.O. No. 792, Public, dated 21st July 1911 and Fundamental Rule 54.)

827. Public Servants—Disciplinary cases calling for expressing of displeasure—Procedure prescribed.—It has been held that an "expression of displeasure" against an officer is tantamount to and indistinguishable from a censure which is one of the statutory penalties and that the officer concerned should be given a "show cause notice" before recording such displeasure against his conduct. Instead of asking such an officer to "show cause" against an "expression of displeasure" it is necessary that he should be asked to show cause against "censure". It should however be understood that no "show cause notice" will be necessary if the officer is warned to be more careful or to avoid a particular line of conduct in future, as such a warning will be an exhortation for the future and not an apportionment of blame for the past.

[G.O. No. 4550, Public (Sevices), dated 12nd December 1950, and Surgeon-General's Circular P. No. 224-E-1, dated 28th December 1950].

828. Withholding of increment—Procedure to be followed.—(1) Under rule 24 of the Fundamental Rules, an increment is admissible as a matter of course unless it is specifically withheld. The certificate demanded in the increment certificate will, therefore, merely be to the effect that the increment has not been withheld by the competent authority.

(2) An increment, no doubt, accrues on the completion of the requisite period of service but it cannot be drawn if it is withheld for misconduct or unsatisfactory work. An increment which accrued on a certain date, but which has not actually been drawn prior to the issue of the proceedings stopping it can also be withheld. The date on which orders are passed withholding the increment is not the criterion and the stoppage of the increment can be given effect to form the date of accrual itself, even if this be earlier, as the penalty that is enforced is in respect of a period of service which is found to be unsatisfactory and which would otherwise have entitled the incumbent to earn the increment.

(3) The withholding of increment is a specific penalty prescribed under the statutory disciplinary rules and a formal order imposing it is therefore necessary in every case. An appeal is permissible against such penalty and for the satisfaction of the appellate authority and of the Tamil Nadu Public Service Commission in cases where Government are the appellate authority it is necessary to have the justification for the imposition of the penalty examined and recorded on paper. This can best be done by intimating to the person concerned the grounds on which it is proposed to impose the penalty and by directing him to show cause why it should not be imposed.

[G.O. No. 1054, Public (Services), dated 11th June 1936].

(4) Where it is proposed to withhold an increment in an officer's pay, as a punishment, the authority inflicting the punishment should, before the order is actually passed, consider whether it will affect the officer's pension and if so, to what extent and if it is finally decided to withhold the increment, it should be made clear in the order that the effect of the punishment on the pension has been considered and that the order is intended to have this effect.

[G.O. No. 945, Public , dated 4th August 1930].

829. Disciplinary action against probationers.—(1) When the work or conduct of a probationer is called in question, the question, whether on the facts disclosed including any earlier proceedings, the probationer should be allowed to continued on probation should specifically be considered and a finding recorded before any of the penalties prescribed in the rules is awarded.

(2) (*a*) If, at any time before the prescribed period of probation, the appointing authority considers that the work or conduct of an probationer is unsatisfactory, it may at its discretion, by order, either terminate the probation of a probationer and discharge him from service or extend the period of his probation after reason for his non-appearance, as spoken to by him, is that he was not given a reasonable opportunity of showing cause against the action proposed to be taken in regard to him.

(*b*) If, at the end of the prescribed period of probation, the appointing authority decides that a probationer is not suitable for full membership of the service, class or category for which he was selected, it shall unless, the period of probation is extended under rule 23-A of the Tamil Nadu State and Subordinate Service Rules, by order, discharge him from the service after giving him a reasonable opportunity of showing cause against the action proposed to be taken in regard to him;

Provided that in a case covered by clause (a) or (b) above, an opportunity to show cause may be given after the appointing authority arrives at a provisional conclusion on the suitability or otherwise of the probationer for full membership of the service either by such authority himself or by a subordinate authority who is superior in rank to the probationer.

NOTE.—The decisition of the appointing authority that the probationer is not suitable for full membership maybe based also on his work and condct till the date of the decision, inclusive of the period subsequent to the prescribe or extended period of probation.

(3) If, before an officer is actually declared to have satisfactorily completed his probation, serious charges are laid against him and are being enquired into, it is wrong to issue a declaration of his satisfactory completion of probation, taking the view that disciplinary action can be taken if the charges are proved later. Probation is not a matter of mere dates and its declaration, an automatic process. If disciplinary proceedings are instituted against a probationer before he is actually declared to have completed his probation satisfactorily his probation should not be declared until the disciplinary action against him is over.

[G.O. No. 920, Public (Services), dated 5th May 1941,
No. 2172, Public (Services), dated 4th September 1952, and
No. 2678, Public (Services), dated 15th November 1952 and
rule 23(*c*) of the general rules for the Tamil Nadu State and Subordinate Services.
as amended by G.O. No. 1731, Public (Services), dated 3rd July 1952,
G.O. No. 289, Public (Services), dated 4th February 1953 and
G.O. No. 566, Public (Services), dated 5th March 1953.]

830. Departmental enquiries in cases of fraud or embezzlement of public money, stores or other property—For instructions regarding disposal of cases involving losses in respect of public money, stores, or other property and for the conduct of enquiry into the matter, *See* Articles 300 to 302 of the Tamil Nadu Financial Code, Volume I.

831. Granting of testimonial forbidden in certain cases.—Public servants are forbidden to give testimonials of any description to an official whose conduct is under investigation by higher authroity

[G.O. No. 702, Public, dated 22nd September 1904.]

832. Allegation against officers in the Medical Department.—Communication of petitions etc., direct to the officers concerned for comments—Prohibited.—When allegations are made in any petition or other documents against an officer in the department the papers or document or the contents thereof should not be communicated to the officer concerned for comments. The proper course will be for the superior officer to make direct enquiries and satisfy himself as to the truth and falsity of the allegations. The petition or the document should not be sent to the officer complained against as it may result in stifling the evidence.

(G.O. No. 164, Health, dated 16th January 1951 and Surgeon-General's Circular Memorandum P. No. 22-E-1, dated 19th January 1951).

833. Retention in service beyond the date of compulsory retirement of a Government Servant against whom an enquiry into a charge of misconduct is proceeding—(1) Notwithstanding anything contained in clauses (a) and (c) of Fundamental Rule 56, a Government servant under suspension pending enquiry into grave charges should not be required or permitted to retire on his reaching the date of compulsory retirement but should be retained in service until the enquiry into the charge is concluded and a final order passed thereon by the competent authority. Such an officer should be allowed to draw only the subsistence allowance till final orders are passed on the charges pending against him. If the Government servant is finally exonerated, he should be allowed to draw, with effect from the date of superannuation only the pension which would have been entitled to draw, had he retired from service in the usual course, the allowance already granted being adjusted towards pension admissible.

(2) Government servants on duty who attain the age of superannuation and against whom departmental proceedings are pending, may be permitted to retire on a provisional pension, if the charges are not so serious as to necessitate suspension, i.e., charges likely to entail removal or dismissal. In the final orders passed, a suitable reduction in pension may be made, if necessary.

(G.O. No. 123, Finance, dated 13th February 1946 and Surgeon-General's P. No. 78-E-1, dated 2nd April 1946.)

834. Deleted.

835. Reduction of pension under Article 470 of the Civil Service Regulations—Procedure.—Under the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules, reduction of pension is not a statutory penalty and it is not obligatory on the part of the authority concerned to give the officer concerned an opportunity to show cause why is pension should not be reduced. It has been suggested that the officer should know the reason for the proposed reduction in pension and that he should also be given an opportunity to explain his conduct, etc The Government have considered the suggestion and have decided that it is not only fair and just that the offices concerned should be given an opportunity to explain and to vindicate himself, if possible, in caser where a reduction] in pension is contemplated on the basis of fresh allegations which come to notice

after his retirement and of which the officer has had no previous opportunity to give his explanation. In such cases, the procedure prescribed in rule 17 (a) of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules shall be followed. Even where the proposed reduction is based on past record of service the person against whom such an order is proposed. should be given a reasonable opporunity of showing cause against such order being passed.

(G.O. Ms. No. 1019, Finance, dated 16th September 1965).

If an officer against whom an enquiry is held is unable to satisfactorily account for possession by himself or by any other person on his behalf, e.g., dependants of pecuniary resources or property disproportionate to his known sources of income, a charge of corruption should be presumed to have been proved against him and the case will come within the purview of Article 470 of the Civil Service Regulations. The position is that the service of an officer against whom a charge of corruption has been proved whether in a specfic case or by the presumption stated above cannot be considered to be thoroughly satisfactory. As such failure on the part of the officer concerned to explain satisfactorily the possession of wealth disproportionate to his known sources of income is sufficient to warrant a reduction being made in the amount of his pension under Article 470 of the Civil Service Regulations. Such action under Article 470 should, however, be taken only after a charge of corrpuption has been proved in the above manner in a formal departmental enquiry.

(G.O. Ms. No. 544, Finance, dated 23rd May 1960).

The reduction of pension under Articles 351, 351-A, and 470 Civil Service Regulation shall be effected in whole rupees and shall not be expressed a percenatge of the pension.

(G.O. Ms. No. 456, Finance, dated 27th May 1967).

836. Instructions regarding removal or dismissesl of corrupt officers.—(1) No officer who has got a bad reputation and abundant suspicion against him has any right to be kept in service eventhough guilt is not established against him by proof as in a criminal cases. The fact that an officer's reputation is notoriously bad affords just grounds for the Government to refuse to continue to be represented or served by such an officer in any department. Though no single act of corruption may be judicially proved against such an officer, cumulative evidence that he was suspected in a number of instances to be corrupt or is generally believed to be a corrupt officer is not only relevant but may well constitute as good a ground for his dismissal or removal as direct evidence of guilt in any one case. The fullest protection must not only be assured, but if necessary, be formally given to all witnesses whose examination is required for departmental enquiry.

(2) Greatest care is needed in meticulously following the procedure prescribed in rule 17 of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules in order that no officer may escape just penalty on the ground that an enquiry is invalidated by any material flaw in the procedure.

(3) There are two sets of remedies to put down corrpution among Government servants namely, (i) legal remedies and (ii) administrative remedies. The legal remedies are contained in the Prevention of Bribery and Corruption Act (Act II of 1947). The administrative remedies are—

(i) that the greatest care should be taken in selecting officers authorised to grant permits and that the rules prescribing the basis on which permit should be granted should be drawn up with the greatest precision;

(ii) that officers should exercise the strictest supervision over the staffs employed on duties likely to expose them to temptation. In such cases, the officers in-charge should inspect their offices not only frequently but thoroughly.

(iii) that much more resolute action should be taken in any case where suspicion is aroused;

(iv) that the public servants should be enjoined to report at once any case where they have been offered illegal gradification; and

(v) that where a public servant has been convicted of corrupt practices. he should be instantly dismissed and that there should be no question of granting him or his family a compassionate gratuity.

[G.O. No. 902, Public (Services), dated 28th May 1938 and No. 431, Public Services), dated 21st February 1946 and Surgeon-General's P. No. 67-1, dated 15th March 1946.]

837. Tribunals for disciplinary proceedings.—Three tribunals for disciplinary proceedings at Madras, Madurai and Thanjavur have been set up in the State with their headquarters at Madras, Madurai and Tiruchirappalli respectively to conduct departmental enquiries against all gazetted officers in respect of matter involving corruption on the part of such officers in the discharge of their official duties and to advice the Government on other cognate matter. The scope and the powers of the tribunal are detailed in the annexure.

(G.Os. No. 2572, Public (Services), dated 20th October 1948 and
No. 44, Public (Services), dated 5th January 1949
G.O. Ms. No. 2439, Public (Servoces-B), dated 23rd November 1966.)

The territorial jurisdiction of the Tribunals at Madras, Madurai and Thanjavur is redistributed as follows :—

Madras Tribunal—

(1) Madras City.
(2) Chengalpattu.
(3) North Arcot.
(4) Salem.
(5) Dharmapuri.

Madurai Tribunal—

(1) Madurai.
(2) Tirunelveli.
(3) Kanyakumari.
(4) Ramanathapuram.

Thanjavur Tribunal—

(1) Thanjavur.
(2) Tiruchirappalli.
(3) South Arcot.
(4) Coimbatore.
(5) The Nilgiris.

Cases arising in the districts in future will be dealt with by the tribunal concerned as indicated above.

[G.O. Ms. No. 102, Public (Services-B) Department, dated 12th January 1972.]

838. Procedure for the despatch of records contested with enquiries to the Tribunal for disciplinary proceedings.—(1) With a view to avoid the possibility of any loss of valuable documents in transit, heads of departments and offices and in the Madras City, including the Secretariat, should depute a responsible clerk from their offices to take the records personally to the office of the Tribunal for Disciplinary Proceedings and hand them over to a responsible person in that office and get them checked and acknowledged then and there. Similarly when the records are returned to any of the offices in the City after enquiry, the office of the Tribunal for Disciplinary Proceedings will depute a Junior Assistant for delivery and for obtaining acknowledgment for the same.

(2) The transit of records from the Office of the Tribunal to the mufassal offices and *vice versa* will however be regulated by registered post.

(G. O. No. 30, Public (Services), dated 4th January 1951 and
Surgeon-General's Circular P. No. 20-E-2, dated 31st January 1951).

839. Disciplinary Proceedings Tribunal—Powers to summon witnesses to give evidence or produce documents.—(1) Under section 2 of the Tamil Nadu Land Revenue Enquiries Act, 1893 (Act V of 1893) each of the Tribunal for Disciplinary Proceedings has been empowered to summon any person to appear before him or to produce any document or thing in the possession or under the control of such person the production of which is, in the opinion of such officer, necessary in connection the enquiry into the conduct of a public servant.

(2) Whenever the Tribunal for Disciplinary Proceedings has to summon any witness it may serve the summons or notice through the departmental officer concerned or through an officer or subordinate of the Revenue Department. If in any case it is found ineffective to serve summons or notice through the departmental officer or the staff of the Revenue Department, the service may be entrusted to the Police.

(3) The Tribunal for Disciplinary Proceedings is authorised to pay batta and travelling allowance to non-official witnesses according to the scales prescribed in the Criminal Rules of Prac tice for the time being in force.

[G. O. No. 2575, Public (Services), dated 20th October 1948 and
Surgeon-General's P. No. 210-E-1, dated 4th December 1948
G. O. Ms. No. 2439, Public (Services-B), dated 23rd November 1966.]

840. Corruption—Enquiries by X-Branch, C.I.D.—Production of official records.—The head of the office concerned should hand over the official records to officers of the X-Branch, C.I.D., inconnexion with investigation of cases of alleged corruption against Government servants, when demanded. The permission of the head of the department is not ordinarily required for this purpose. When the head of the office concerned is away on tour and not likely to return to the headquarters soon, orders may be urgently obtained by post by ministerial head of the office for producing the records to the X-Branch. The records should not only be produced on the spot for perusal but should also be handed over to the officers of the X-Branch, C.I.D., if they so ask.

[Government Memorandum No. 5111-51-1 (Public Services), dated 24th November 1951 and Director of Health Services and Family Planning Circular P. No. 239-E-1, dated 13th December 1951.]

When the head of office is himself is the subject matter of an enquiry, the Vigilance Inspector should approach the next higher officer who is immediate superior officer to the officer against whom the investigation is being made.

[Government Memorandum No. 6713/68-1, Public (Services-B), dated 27th November 1968]

841. Government servants punished for corruption—Publication in Press—Heads of departments, etc., should publish separately the acts regarding persons punished for corruption irrespective of the publication of their names by Government in the periodical press notes. The publication should however be restricted to cases where the persons have been punished with dismissal, removal or discharge from service and compulsory retirement or reduction in pension.

[Government Memorandum No. 1758/51- Public (Services), dated 17th April 1951 and Director of Health Services and Family Planning Circular P. No. 103-E-1/51, dated 11th May 1951.]

ANNEXURE.

Vide Paragraph 837

THE TAMIL NADU CIVIL SERVICES (DISCIPLINARY PROCEEDINGS TRIBUNAL) RULES, 1955.

Rules.

In exercise of the powers conferred by the proviso to article 309 of the Constitution of India, and of all other powers here up to ennabling, and in supersession of the Tamil Nadu Civil Services (Disciplinary Proceedings Tribunal) Rules, 1948, published with Public (Services) Department Notification No. 143, dated the 20th October 1948, at pages 1153 and 1154 of Part I of the *Fort St George Gazette*, dated the 30th November 1948, as subsequently amended, the Governor of Tamil Nadu hereby makes the following rules:—

1. (*a*) These rules may be called the Tamil Nadu Civil Services (Disciplinary Proceedings Tribunal) Rules, 1955.

(*b*) They shall come into force on the 1st January 1955.

(*c*) They shall apply to—

(i) all officers under the rule making control of the State Government other than those referred to in Article 314 of the Constitution of India.

(ii) all officers of the Corporation of Madras.

2. In these rules—

(*a*) "Corruption" shall have the same meaning as criminal misconduct by a public servant under section 5 (1) of the Prevention of Corruption Act (Central Act II of 1947) ;

(*b*) 'Government' means the Government of Tamil Nadu;

(*c*) 'Tribunal' means a Tribunal for Disciplinary Proceedings, constituted under Rule, 3;

(*d*) "Head of the Department" means Heads of State Government Department or the Commissioner, Corporation of Madras, as the case may be;

(*e*) "Government Servants" include servants of the Corpration of Madras also.

(G. O. Ms. No. 2359, Public (Services-B), dated 16th October 1970.)

3. (1) The Government may constitute as many Tribunal for Disciplinary Proceedings ar may be necessary for the purpose of these rules.

(2) Each Tribunal shall consist of one person who shall be a judicial officer of the rank of District and Sessions Judge.

(3) Each Tribunal shall enquire into such cases as may be referred or transferred to it by the Government under these rules and advise the Government in such cases.

4. (1) The Government shall, subject to the provisions of rule 5 refer the following cases to the Tribunal, namely :—

(*a*) All cases relating to Gazetted Officers in respect of matters involving corruption on the part of such officers in the discharge of their official duties; and

(*b*) All appeals or petitions to the Government against orders passed on charges of corruption and all disciplinary cases in which the Government propose to revise original orders passed on such charges :

Provided that it shall not be necessary to consult the Tribunal—

(i) in any case in which the Tribunal has, at any previous stage given advise in regard to the order to be passed and no fresh question has there after arisen for determination; or

(ii) Where the Government propose to pass orders rejecting such appeal or petition.

(2) The Government may, subject to the provisions of rule 5, also refer to the Tribunal any other case or class of cases which, they consider should be dealt with by the Tribunal and the Government in exercising the power conferred by this sub-rule, shall have regard to the nature and gravity of the charge, the grade or rank of the officers charged and the organisational strength the department concerned in handling cases involving interpretation of rules regulating conditions of service of Government servants.

(3) Notwithstanding anything contained in sub-rule (1) or sub-rule (2) the following cases shall not be referred to the Tribunal namely—

(i) Cases arising in the Judicial Department; and

(ii) cases arising against the Government servants in the subordinate ranks of the Police forces of the rank of Sub-Inspector and below unless the cases are against them together with officers of higher rank.

(P.No. 226/E3 A (Admin.)/68.)

NOTES.—(1) The Commissioner of Panchayat union or the Executive authority of a municipal council may with the sanction of the Government or if so required by the Government also refer to the Tribunal cases of service of Panchayat Union and municipal councils when they are involved in charges of corruption jointly with Government servants whose cases are referred to the Tribunal under clause (a) of sub-rule (1) of this rule. The cases so referred to will be enquired into by the Tribunal in accordance with rule 16-A or 15-A, as the case may be if the rules relating to the appointment and punishment of servants of Panchayat Union and municipal council.

(2) The Tamil Nadu Public Service Commission may without reference to the Government, directly refer to the Tribunal case relating to the Secretary (except when he is a member of the Indian Administrative Service) or a Deputy Secretary or an Assistant Secretary to that Commission or member of the staff of that Commission in respect of matters involving corruption or corruption combined with other charges on the part of the officers afors aid and members of the staff of the Commission and the Tribunal shall conduct the inquiry in accordance with rule 6-A of Annexure-II, or as the case may be, rule 4-A of Annexure V to the Tamil Nadu Public Service Commission Regulation, 1954.

[G. O Ms. No. 2809 Public (Service-B), dated 14th Novmber 1959

5. (*a*) In every cases referred to in clause (*a*) of sub-rule (1) and sub-rule (2) of rule 4, on completion of investigation, the Directorate of Vigilance and Anti-Corruption or any other Branch of the Police or other departmental authority concerned, shall forward to the Government all the records of the case.

Explanation.—For the purpose of this clause investigation includes investigation made under the General Law or any special enactment.

(*b*) The Government shall, after examining such records and after consulting the head of the department concerned, if necessary, decide whether the case shall be tried in a Court of Law or by the Tribunal.

(*c*) If the Government decide that the case shall be tried by the Tribunal they shall send the records to the Tribunal.

(*d*) In any case where the head of the department is not consulted, he shall be informed of the action that is being taken.

(*e*) When the tribunal is seized of the case, thestaff of the Directorate of Vigilance and Anti-Corruption and of the Police and concerned departments shall help the Tribunal in securing the necessary documents in the production of witnesses and in such other ways as the Tribunal may desire.

(*f*) The Prosecutor for Disciplinary Proceedings or such other person as the Government may appoint in respect of the any particular case shall conduct enquiries on behalf of Government in disciplinary cases before the Tribunal and the accused officer concerned shall be allowed to be represented by counsel.

6. (*a*) The Tribunal may, in its discretion co-opt an assessor to assist it. The assessor shall be an officer of the department to which the Government servant charged belongs, having a rank higher than that of the Government servant charged. In no case shall the rank of an assessor be below that of a Gazetted Officer or of a district head of the department concerned.

(b) For the purposes of sub-rule (*a*), in any case where more than one Government servant is charged, the assessor shall be an officer above the rank of the highest Government servant charged.

7. (*a*) The Tribunal may sit at such places as it may determine with due regard to the convenience of the parties concerned and expenses involved.

(*b*) The proceedings of the Tribunal shall be in camera.

8. (*a*) (i) Notwithstanding anything contained in rule 17 of the Tamil Nadu Civil Services (Classification, Control and Appeal) Rules the following procedure shall be adopted by the Tribunal in conducting enquiries in cases of corruption and also in cases of corruption combined with other charges as soon as the records relating to allegations of corruption or of corruption combined with other charges against a Government servant are received the Tribunal shall frame appropriate charges, communicate them to the person charged together with a list of witnesses likely to be examined in respect of each of the charges and with information as to the date and place of enquiry. At the enquiry oral and documentary evidence shall be first adduced by the prosecution and the person charged shall be entitled to cross-examine the prosecution witnesses and to explain any documents produced by the prosecution. The person charged shall thereafter within the time allowed by the Tribunal, file a written statement of his defence along with a list of witnesses whom he wishes to examine, stating the points on which he proposes to examine each of them, provided that he need not so specify the points for examination his own case, when he wishes to examine himself as well. The oral and documentary evidence on his side shall then be addused. After the enquiry is completed, the person charged shall be entitled to advance the necessary arguments either orally or in writing or both, and the prosecution shall have a right of reply. The Tribunal shall, as far as possible observe the basic rules evidence of relating to the examination of witnesses and the marking of documents.

(ii) The Tribunal shall, immediately before each witness is examined by the prosecution, furnish the person charged, a copy of any statement taken from the witness which forms the basis on which the Tribunal has framed the charge or charges against him. For sufficient reasons to be recorded in writing, the Tribunal shall have power to refuse to call a witness on either side or to summon, and examine any further witnesses, or to call for, and exhibit any further documents. The proceedings of the Tribunal shall contain a sufficient record of the evidence.

(*b*) Where the officer concerned has absconded or where it is for other reasons impracticable to communicate with him or where he does not take part in an enquiry; the enquiry shall still proceed.

(*c*) All or any of the provisions of sub-rule (*a*) may, in exceptional cases, for special and sufficient reasons to be recorded in writing, be waived by the Tribunal where there is difficulty in observing the requirements of that sub-rule and the requirements can be waved without injustice to the person charged.

(*d*) The provisions of the Tamil Nadu Civil Services Classification, Control and Appeal, Rules shall apply—

(i) in regard to the procedure to be followed in cases other than those of corruption; and

(ii) in regard to any other matter for which no specific provision has been made in these rules.,

8-A. The Government may, by order in writing withdraw any case referred to a Tribunal under these rules and pending before that Tribunal and transfer such cases to another Tribunal for enquiry and the Tribunal to which the case is so transferred may, subject to special directions in the order of transfer, proceed either *de novo* or from the stage at which the case was so transferred.

9. After the enquiry has been completed, the Tribunal shall send its findings and recommendations to the Government together with its opinion, in cases where acquittal is recommended whether the officer concerned is fully exonerated or not for the purpose of sub-rule (2) of Fundamental Rule 54.

10. Notwithstanding anything contained in the Tamil Nadu Civil Services (Classification Control and Appeal) Rules, the following procedure shall be adopted in regard to the passing of final orders in cases enquired into by the Tribunal.

(*a*) In cases enquired into by the Tribunal, the Government shall be the authority competent to impose a penalty in cases relating to—

(i) Gazetted Officers.

(ii) Non-Gazetted Officers whose cases are referred to the Tribunal along with cases relating to Gazetted Officers because the cases are inter-connected or because the officers are jointly involved ; and

(iii) Non-Gazetted Officers who belong to different departments but are jointly involved or whose cases are inter-connected.

In such cases, after the Government have arrived at provisional conclusions in regard to the penalty to be imposed, the persons charged shall be supplied, with a copy of the report of the Tribunal and he shall be called upon to show cause within a reasonable time, not ordinarily exceeding one month, against the particular penalty proposed to be inflicted;

Provided that if, for sufficient reasons, the Government disagrees with the whole or any part of the Tribunal's findings, the point or points of such disagreement together with a brief statement of the grounds thereof shall also be communicated to him. Any representation in this behalf submitted by the person charged shall be duly taken into cosideration by the Government before final orders are passed.

(*b*) In cases relating to Non-Gazetted Officers enquired into by the Tribunal excepting those referred to in rule 10(*a*) (ii) and (iii) above, the report of the Tribunal, along with the regards, shall on receipt by the Government, be transmitted to the Head of the Department concerned for passing final orders. If the Head of the Department on consideration of such report agrees with the Tribunal's findings; the Head of the Department shall arrive at provisional conclusions in regard to the penalty to be imposed, supply the person charged with a copy of the report of the Tribunal and call upon such person to show cause within a resonable time, not ordinarily exceeding one month, against the particular penalty proposed to be inflicted. Any representation in this behalf submitted by the person charged shall be duly taken into consideration before final orders are passed by the Head of the Department.

Provided that if, for sufficient reasons, the Head of the Department disagrees with the whole or any part of the Tribunal's findings, he shall state his reasons for such disagreement and shall submit the case to the Government for passing final orders. Thereupon, the procedure indicated in clause (*a*) shall apply.

11. The advice of the Tribunal shall ordinarily be accepted. However, the Government may for sufficient reasons reject or deviate from the advice given by the Tribunal. In cases where the Government have rejected or deviated from the advice of the Tribunal, the reasons for such rejection or deviation as the case may be shall be communicated to the Tribunal by the Government.

(G. O. Ms. No. 224, Public (Services-B), dated 29th January 1969).

12. In cases in which the Tribinal recommends the acquittal of the officers concerned, the Government or the Head of the Department as the case may be shall supply a copy of the report of the Tribunal along with the final orders passed by them.

Section 4.

MISCELLANEOUS INSTRUCTIONS.

842. Medical Officers under orders of transfer not to be granted leave.—District Medical Officers, Civil Surgeons, Superintendents of Hospitals, Commissioner of Panchayat Union and executive authorities of municipal councils shall not grant any leave to Medical Officers under orders of transfer except after a previous reference to the Director of Health Services and Family Planning.

(Circular No. 1532 of March 1932).

843. Conduct of Medical Officers on transfer.—(i) When transferred Medical Officers should proceed to joint their new appointments as soon as relieved. The practice of encouraging and forwarding petitions from local communities for retaining services of particular officers is viewed with disapproval.

(ii) Any act on the part of officers to comment on their postings and to press for transfers to particular stations or posts will be viewed with displeasure by the Director of Health Services and Family Planning.

(G. O. No. 1137, Public (Services), dated 2nd November 1931.)

844. Reports of relief of Gazetted Officers.—(1) Every transfers of charge of a Gazetted Government servant should be reported by post on the same day to the Chief Secretary to the Government, the Accountant General and the Director of Health Services and Family Planning

(Articles 78, Tamil Nadu Financial Code, Volume-I.)

(2) Every Government servant who holds a permanent advance shall, whenever there is a change of incumbent of the post concerned, forward an acknowledgment to the Accountant-General in the prescribed form for the amount of permanent advance for which he has to render account.

(Article 98, Tamil Nadu Financial Code, Volume-I.)

(3) Medical Officers shall report by post card on all occassions of assumption of charge whether personal files of all officers serving under them have been received by them. This post card should be despatched along with the certificate of transfer of a charge.

(Standing Orders No. 76, dated 14th May 1896 and

No. 86 dated 15th June 1898.)

845. Absence from duty of heads of offices for more than 24 hours.—District-Medical Officers, Civil Surgeons and Superintendents of Government Medical Institutions, who absent themselves from duty for more than twenty-four hours exclusive of Sundays and Government Medical Institutions, who absent themsslves from duty for more than twenty-four hours exclusive of Sundays and Government holidays (when, however, previous arrangements for carrying on their duties must have been made) shall report the same to the Director of Health Services and Family Planning.

846. Reports of arrival at the district headquarters stations.—Whenever a Medical Officer visits the headquarters station of a district on any duty whatsoever, he must report as soon as possible his arrival in person to the District Medical Officer of the district.

847. Registration.—(1) All Medical Officers including Housmen and Honorary Medical Officers employed in Government/Panchayat Union or Municipal Medical Institutions including rural dispensaries and medical practitioners in charge of institutions receiving grant-in-aid or other concessions from Government must be registered under the Tamil Nadu Medical Registration Act IV of 1914. The Act and its by laws are printed in the Tamil Nadu Medical Register published every year.

(ii) All Nurses and Maternity Assistants employed in any hospital, dispensary or infirmary not supported entirely by voluntary contributions must be registered as a nurse or Meternity Assistant under the Tamil Nadu Nurses and Midwives Act, 1926.

848. Medical officers not to quit their stations or districts without leave.—No Medical Officer shall except incase of serious illness, to be duly certified, leave the limits of his jurisdiction unless he has first submitted an application for leave absence and until he has received official intimation of the leave having been granted.

849. Personal representation to the Director of Health Services and Family Planning/ Director of Medical Education.—(i) Medical Officers wishing to present personally to the Director of Health Services and Family Planning/Director of Medical Education any matter of a controversial nature are advised to forward a copy of such representation through the proper channel previous to the interview; otherwise they are liable to be informed that the matter cannot be discussed untill the opinion of their immediate superior on the question is known.

(G. O. No. 1384, Public, dated 27th September 1915.)

(ii) They should obtain the prevision permission of the District Medical Officer or the head of the medical institution under whom they serve, to interview the Director of Health Services and Family Planning. Interview at the private residence of the officer will not be allowed.. Medical Officers and other subordinates should not ask their friends or relatives to interview the Director of Health Services and Family Planning/Director of Medical Education on their behalf.

(Surgeon-General's Circular P. No. 233-E, dated 9th July 1940.)

850. Casualty reports of Medical Officers—District Medical Officers and heads of medical institutions will report to the Director of Health Services and Family Planning all casualties that may occur amongs members of the Tamil Nadu Medical Service working under their control immediately on their taking place.

851. Maintenance of records of service—(i) **Gazetted Government servants.**—The record of services of each Gazetted Government Servants who draw pay in the scales the maximum of which is Rs. 1,000 and less will be maintained by the head of office or if there is no Head of Office by his superior officer, or Head of the Department and that of the Head of office by the Head of the Department.

(G. O. Ms. No. 1213, Finance (Services) Department, dated 27th September 1973.)

(ii) **Non-Gazetted Government servants other than inferior servants.**—Except in the case of inferior servants of all sorts a service book in Fundamental Rule Form No. 10 should be opened for each non-gazetted Government servant at his own cost, as soon as he is regarded as selected for admission to a Government service and as on probation for that service. It should be kept in the custody of the head of the office in which he may be serving and transferred with him from office to office. It is the duty of the head of the office to see that all entries are duly made and attested and it is the duty of every Government servant to see that his own service book is property maintained and that all erasures in it are attested. The head of the office will allow a Government servant to examine his service book, should be at any time desire to do so.

NOTES.—Heads of Departments and Offices should retain the service books of the individuals who are norworking under their control, only for the minimum time required for the immediately purpose in view. If there is any likelihood of the registers being retained for more than one week, the heads of departments may take required extracts from the Service Book as soon as they are received and seturn them to the Head or Offices concerned with a week of their receipt.

(Government Memorandum No. 31365/FR/63-9, dated 30th October 1963.)

(iii) **Inferior servants.**—Service rolls should be maintained for members of the inferior service. For other rules regarding maintenence of records of service see subsidiary rules framed under rule 74 (*a*) (iv) of the Fundamental Rules printed in Part III of Annexure-II.

CHAPTER XXIII

PROCEDURE IN CIVIL AND CRIMINAL SUITS.

852. Services of Government legal officers.—(*a*) The Director of Health Services and Family Planning/Director of Medical Education is entitled to seek the advice of the Advocate-General and the other law officers in the City of Madras, but he should address Government in administrative department concerned when he desires to obtain the opinion of the Advocate-General and not seek his advice directly.

[G. O. No. 1963, Law (General), dated 6th June 1928,
No. 4082, Law (General), dated 21st October 1929 and
No. 4100, Law (General), dated 6th November 1931.]

(*b*) Subordinate Officers should not address the Advocate-General direct for appearance in cases and for legal opinions, etc., If in any case they consider that the legal advice of the Advocate-General should be obtained they should address their communication to the Director of Health Services and Family Planning/the Director of Medical Education who, if necessary, will address the Government with Administrative Department concerned, the Government will decide whether the Advocate-General's advice is necessary or not.

(Government Memorandum No. 232071 Courtss-III/51-4, Home, dated 2nd April 1952.)

853. Legal advice to be obtained before the suit is instituted or defended.—Legal advice shall always be obtained before a suit is instituted or the defence of a suit undertaken on behalf of Government. It is not necessary that such advice should be obtained merely because notice or suit against Government is given under section 80 of the Code of Civil Procedure, though in important cases it may be desirable for the officer dealing with the notice to obtained legal advice regarding it. Nor will officers who are competent to sanction the filing or defence of suits on behalf of Government be found to follow the legal advice they may received, though, if they decide to reject it, they must place the reasons for their decision clearly on record . Subject to these directions, it shall be the duty of every officer, before filing or sanctioning the defence of a suit or appeal, to obtain the opinion of the appropriate legal adviser as to whether the suit or appeal is legally maintainable. In the case of Collectors or other district officers, the Government Pleader will be referred to and the fact of this having been done shall be included in any report to higher authority.

[G. Os. No. 450, Law, dated 1st March 1921 and
No. 3470, Law (General's) dated 12th September 1931].

854. Legal advice not to be taken twice over.— (*a*) It is not intended that legal advice should be taken twice over both by the officer initiating the institution or defence of a suit and by the sanctioning authority. If a district officer has already obtained legal opinion and that opinion or its substance is before the higher authority competent to sanction the filing or defence of suit on behalf of Government it may be left to the discretion of such authority whether any further legal advice need be sought by it.

(*b*) As regards the defence of second appeals in the High Court, the Government Pleader, Madras, should be consulted instead of the local Government Pleader.

(G. O. No. 1418, Judicial, dated 4th September 1912.)

855. Legal proceedings by one department against another.—It is undesirable that one department of Government should institute legal proceedings against another department without the special sanction of Government. If an officer considers himself aggreved by the action of another officer acting in the discharge of his legitimate duties his proper course is to lay the matter before Government and await its order. The law officers of Government shall abstain from affording any advice or assistance to either officer in a case of this description.

(G. O. No. 1454, Judicial, dated 7th October 1897.)

856. Legal assistance.—Plaints and written statement to be filed by or on behalf of Government or Government Servants with the approval of Government.—In all suits by or against Government or any of their officers, which come upto the Government for sanction, the plaints and written statements should except in cases of emergency, be got approved by the Government before they are filed.

(G. O. No. 50 Legal dated 8th May 1947 and Surgeon-Generals
P. No. 135 E-I dated 19th May 1947.)

857. Legal assistance to public officers (other than police officers).—The following **rules should** be observed regarding assistance to public officers.—

I. PRELIMINARY.

(1) These rules shall apply to all persons (other than police officers) serving this State in a civil capacity in connection with the affairs of this State, hereinafter referred to as public officers.

(2) A public officer who receives any communication containing a threat of civil or criminal proceedings against him for acts done in his official capacity should forthwith forward, through the proper channel, a copy of such communication, intimating whether he wishes to reply thereto or not and if he proposes to send a reply submitting a copy of the proposed reply.

(*a*) In case the proceedings threatened are civil proceedings, to the head of his department; and (*b*) in case the proceedings threatened are ciriminal proceedings, to the head of his department if he is serving in Madras City and to the District Magistrate, if he is serving in the Muffusal. If the public officer who receives such communication, is head of department, he should forthwith forward to Government a copy of such communication, intimating whether he wishes to reply thereto or not and submitting a copy of any reply which he proposed to send.

(3) The head of the department or the District Magistrate, as the case may be, should examine the case and draft reply, if one is proposed to be sent and give the officer such directions and make such changes in the draft reply as he may consider necessary. In doubtful cases a reference should be made to the Government. A reply should be sent in the form, in which it is approved or required to be sent by the head of the department, District Magistrate or Government, as the case may be.

(4) Any failure on the part of a public officer to comply with the provisions of rule (2) or of rule (3) will be reviewed as a breach of discipline and will also render him ineligible for legal assistance from the Government if proceedings are actually instituted against him.

(5) The question defending at the public expense a public officer, who has received a communication containing a threat of legal proceedings against him need not ordinarily be taken up until the proceedings have been actually instituted. If however, the head of the department or the District Magistrate as the case may be, considers that proceedings are likely to be instituted against the public officer, he may examine the question as soon as received a copy of the communication refered to in rule (2) above.

II. DEFENCE OF PUBLIC OFFICERS IN CIVIL AND CRIMINAL PROCEEDINGS.

(6) (i) Public Officers will always be protected when it appears to the Government that they have acted in good faith, but the Government do not bind themselves to undertake their defence when this is not the case. When the Government decline to defend, it rests, with the officer concerned to take such measures as he considers necessary at his own expense. But if the verdict of the court is in his favour, the Government will, subject to the provisions of rules 6-A and 6-B ordinarily reimburse him for his expenditure. It is to be distinctly understood, however, that the Government do not undertake to pay any except reasonable expenses.

(ii) in civil proceedings—

(*a*) Where public officers exercise statutory powers or where an order passed by a public officer while performing executive functions in pursuance of administrative orders without a statutory backing, is not *mala fide* and no imputation of personal bias is made against the public officer, passing the order, sanction of defence in such cases may be absolute and need not be subject to any reservation.

(*b*) Where any personal attack is made against a public officer passing an order while, performing executive functions in pursuance of administrative orders without a statutory backing, sanction of defence in such cases may be subject to revision or cancellation after the conclusion of the proceedings.

(iii) (*a*) Where an order sanctioning the defence of a pubic officer in any criminal proceeding has been passed under these rules, the Government may, after the conclusion of the proceeding, for sufficient cause cancel or revise such order.

(*b*) When criminal proceedings are instituted against a public officer either by the Government or with their sanction the Government will, as a general rule, decline to undertake his defence, however, in exceptional cases where the public officer concerned is unable to take measures for his defence at his own expense either on account of financial or other justifiable reasons, the Government may sanction the defence provided (1) the public officer undertakes to refund the entire sum incurred by the Government in connection with the conduct of his defence if the case does not end in his favour; and (2) the Government are satisfied about the chances of recovering such sum from the public officer.

(iv) In the case of a public officer who retired and against whom any civil or criminal proceedings have been instituted for acts done in his official capacity while he was in service he will also be protected when it appears to the Government that he had acted in good faith, but the Government do not bind themselves to undertake his defence when this is not the case.

(6-A) (i) (*a*) Where criminal proceedings are instituted against a public officer, either by the Government or with their sanction, and they decline to undertake his defence, they recognise no obligation to reimburse him for his expenditure, even though the verdict of the court may be in his favour. The Government reserve to themselves full and unfettered discretion to deal with every case, as they deem fit.

(*b*) Without prejudice to the above general rule however, the Government will ordinarily be prepared to reimburse the officer concerned in full, when they are satisfied that they were more or less misled into instituting or sanctioning the prosecution.

(*c*) When the charge has been found to be false, but the case is not of the kind mentioned in clause (ii) the extent to which the officer is reimbursed will depend on the findings contained in the judgment and the other circumstances of the case as revealed by it.

(ii) In every case to which sub-rule (i) above applies a detailed report should be submitted to the Government, examining fully the justification for the prosecution and in particular whether there was just and reasonable cause for it and setting out all the surrounding circumstances of the case. The personal file of the officer should also be submitted with such remarks, if any as may be considered necessary and relevant with regard to the question of reimbursement.

(7) (i) When any civil suit is instituted against a public officer in respect of anything done or omitted to be done in connection with the discharge of his official functions, the officer concerned should at once, inform the head of his department through the head of his office.

(ii) When any criminal prosecution is instituted against a public officer in respect of anything done or omitted to be done in connection with the discharge of his official functions, the officer concerned should at once inform through the head of his office, the head of the department concerned in Madras City and the District Magistrate in the mufassal.

(8) In the case of a civil suit or a criminal prosecution against a public officer in connection with the discharge of his official functions, the following procedure shall be adopted.—

(*a*) *Civil suits.*—(i) If on the date of the institution of the civil suit, the period of limitation, if any, laid down in that behalf by any special or local law governing such officer has expired or if the notice required by section 80 of the Code of Civil Procedure has not been duly served on him, he shall at once move the court or cause the court to be moved to dismiss the suit on the ground, that it was instituted contrary to the provisions aforesaid.

NOTE.—Government servants should not undertake journey to appear before the courts as defendants or respondents except in casess where such personal appearance is absolutey necessary for the proper defence of the suit or proceedings especially when it wou'd be cheaper to engage a local pleader. Heads of departments and other officers administering the rules for legal assistance should take these points into consideration before directing or permitting Government servants to undertake journeys to attend courts in such cases.

(ii) If, however, the provisions aforesaid have been complied with, he shall report forthwith to the head of his office, all the circumstances necessary to the forming of an opinion on the case. The head of the office shall thereupon, as soon as, may be, after making any enquiry that may be necessary, report the facts fully together with his recommendations to the head of the department, who shall, after consulting the appropriate legal adviser of Government (Government Pleaders in Madras City and in the mufassal) forward the report of the orders of Government.

(iii) Where the power to sanction the defence of a suit has been delegated to the head of the department, he shall himself issue the necessary orders after consulting the appropriate legal adviser of Government or receiving the report from the officer concerned.

NOTES.—(1) The authorities empowered to accord sanction for the defence of Government servants unden their control in civil cases are given in item (9) (*a*) of Appendix 15 to the Tamil Nadu Finance Code Volume.

(2) The officers referred to in Nore (1) are empowered to write off costs awarded to public officers under their control in civi suits in which the defence of the officers has been sanctioned at public expense, if such costs are irrecoverable up to the limits, specified in Item 1(*b*) in Part of B Appendix 23 to Tamil Nadu Financial Code, Volume II.

(*b*) *Criminal prosecutions.*—(i) The Public officer against whom a criminal complaint instituted shall see whether such complaint is barred by reason of having been instituted after the expiry of the period of limitation, if any, laid down in that behalf by any special or local law governing such officer and if it is so barred, he shall at once move the court or cause the court to be moved to dismiss it on the ground that it was instituted contrary to the provisions thereof.

(ii) Section 197 of the Code of Criminal Procedure 1898 lays down a special procedure in regard to criminal prosecutions against certain classes of Officers. In these case there will always be sufficient time to obtain the orders of Government for undertaking the defence of the officer; and the officer concerned shall report the facts fully to the head of his office who shall after making any enquiry that may be necessary, report them to the District Magistrate in the mufassal and to the head of the department in Madras City. The District Magistrate or the head of the department as the case may be, shall after consulting the Public Prosecutor in the muffassal or the State Prosecutor in Madras City forward the report for the orders of the Government.

(iii) In the case of criminal prosecution against other classes of public officers, it may not be possible invariably to obtain the orders of the Government before the commencement of the proceedings In such cases, if the fee of the lawyer who may be engaged for the defence will not exceed Rs 25 per diem or Rs 1 50 for the whole case the District Magistrate (after consulting the head of the office concerned in the mufassal and the head of the department in Madras City shall decide whether the defence shall be undertaken by the Government or not If the fee is likely to exceed the above limits or if the District Magistrate and the head of the office concerned disagree regarding the defence of the accused officer, the District Magistrate or the head of the department as the case may be, shall instruct the appropriate legal adviser of Government to appear for the accused officer in the initial proceedings and request the court to postpone the further hearing of the case, pending a decision by the Government as to whether he should be defended at the expense of the State or not Where however, the power to sanction the defence has been delegated to the District Magistrate or the head of the department, he shall himself issue the necessary orders on receiving the report from the officer concerned

NOTE.—District Magsitrate in the mufassal and head of t departments in Madras City are empowered to write-off compnesatioo awarded by courts to pubiic officers under their control in criminal cases in which the defence of the officers has been sanctioned at public expense, if such compensation is recoverable subject to a maximum of Rs. 150 in each case.

(9) (*a*) If the Government or the officers acting on their behalf sanction the defence of a public officer, it will ordinarily be sufficient to engage a Government Pleader or a Public Prosecutor and the incidental expenses, e.g., court fees and batta for witnesses will also be borne by the Government.

The District Magistrate or the head of the department, who has power to sanction the defence of a public officer may also sanction the payment of incidental expenses upto a limit of Rs. 50. The sanction of the Government shall be obatined, if the incidental expenses exceed Rs. 50.

NOTE.—(1) The following instructions are issued for the guidance of the heads of departments and other officers who have to administer the rules to relating the grant of legal assistance to public officers.—

(1) Unless, the nature, importance or other special circumstances of any care required that it should be entrusted to the Government Pleader or the Public Prosecutor at the district headquarters, it would ordinarily be sufficient to engage for the defence in a civil case the pleader doing Government work at the headquarters of the court trying the case, and in a criminal case, a criminal lawyer prectising at the station.

(ii) The rate of travelling allowance to be paid to the Pleader doing Government work in the mufassil courts or the local criminal lawyer should always be fixed in advance. The rate so fixed should not exceed either the actual expenses or the rate ordinarily allowed to Government Pleaders and Public Prosecutors, whichever is less.

(iii) The procedure laid down in sub-rule (ii) above should be followed also where pleaders other than those doing Government work in the mufassal courts are engaged in any civil case of proceeding.

(*b*) If in any case, any other counsel is engaged, the scale of fees to be paid to such counsel shall be fixed by the District-Magistrate or the head of the department, with the sanction of the Government.

Provided that the Government may, in such cases, delegate the power to sanction fees upto such limits, as may be prescribed by them to the District Magistrate or the head of the department,

NOTE.—(i) All the officers, referred to in the note to rule (8) (*a*) (iii) have been empowered to saction fees, not exceeding the regulation fee and subject to the limits of their sanctioning capacity, to private counsel engaged for the defence of public officers under their control in civil cases.

(ii) All District Magistrates in the mufassal and all heads of departments in Madras City havebeen empowered to sanction fees to private counsel engaged for the defence of public officers in criminal cases at rates not exceeding the rates payable to public prosecutors in the mufassil as specified in G.O. Ms. No. 1735, Home, dated 7th May 1948, and subject to a maximum of Rs. 150 for each case.

(*c*) In petty cases, appearance in person or aid given by the prosecuting staff of the Police Department may often be quite sufficient and where, this is so, the employment of a pleader is superflous,

(10) If the officer wins the case and costs damages or compensation (whether as personal solatium or not) are or is awarded to him the expenditure incurred by the Government up to the limits of such costs, damages or compensation shall be refunded by him.

(11) If in a civil or criminal proceeding instituted against a public officer, the court decides in his favour but an appeal is filed or other proceedings taken to secure a reversal or modification of the decision, the question whether such appeal or proceeding should be resisted at the cost of the State shall be decided in accordance with the foregoing rules.

(12) If, in a case, in which the Government have under taken the defence of an officer the decision of the court is against him, the questions (*a* whether an appeal should be filed or whether any other proceeding should be taken at the cost of the State to secure a reversal or modification of the decision and (*b*) whether any damages awarded to the plaintiff or any fine imposed upon the officer should be paid by the State, shall be decided by the Government either on the application of the officer submitted through the head of his office or on the representation of the head of his office. In either case, the procedure laid down in rule 8 (*a*) (ii) or 8 (b) (ii) as the case may be, shall be followed.

(13) If a public officer undertakes a journey in connexion with a civil or criminal case instituted against him for acts done in his official capacity and the defence of such case has been sanctioned, such public officer may be granted travelling allowance admissible to an officer of his grade while on tour.

(14) As legal proceedings against public officers, particularly in civil suits, must interfere with the discharge of their public duties and are likely to cause harassment to them, the District Magistrate or head of the department should impress on the counsel appearing for the officer concerned that he should request the court to deal with such proceedings with the utmost possible expedition.

III. Institution by Public Officers of Civil and Criminal Proceedings.

15 (i) The previous sanction of the Government shall be obtained in all cases where a public officer desires to institute a civil suit or a criminal prosecution against any person or persons in respect of any matter arising out of, or in connexion with, his conduct or his acts as such officer.

Nothing contained in this sub-rule shall be deemed to affect the operation of rule 21 (2) of the Government Servant's Conduct Rules.

(ii) In granting sanction to the institution of any such proceeding, whether under sub-rule (1) or under rule 21 1 of the Government Servant's Conduct Rules, the Government shall decide whether they will themselves bear the costs of the proceding or whether the officer should institute the proceeding at his own expense. In the latter case, in the event of a decision in favour of the officer, the Government shall decide whether to reimburse him to the extent of the whole or any part of the costs incurred by him.

(iii) The Government may delegate their powers under sub-rules (i) and (ii) to the head of a department in any case or class of cases.

(iv) The provisions of rules (62) (63) and (7) to (13) shall apply so far as may be, *mutatis mutandis* to the institution of the proceedings under this rules.

IV. General

(16) Nothing contained in these rules shall be deemed to authorise a public officer to sanction the defence or institution of any civil or criminal proceeding at the cost of the State in a case in which he is personally concerned. Such cases must be reported to Government for orders.

(G.Os. No. 61, Legal, dated 16th March 1937,
No. 246, Legal, dated 13th November 1937,
No. 268, Legal, dated 20th December 1937,
No. 241, Legal, dated 26th October 1938,
No. 3, Legal, dated 3rd January 1939,
No. 337, Legal, dated 11th November 1939.
No. 346, Legal, dated 8th December 1939.
No. 112, Legal, dated 27th June 1940,
No. 22, Legal, dated 26th April 1943,
No. 97, Legal, dated 1st June 1949 and
G.O. Ms. No. 1230, Law Department, dated 21st November 1968.)

858. Fees payable to Government Law Officers for serv ces rendered—Instructions—Instr ctions regarding fees payable to Government Law Officers in Madras City and Government Pleaders and Public Prosecutors in the mufassal and to private pleaders and vakils engaged on behalf of the Government are given in detail in item 9(E) Appendix 15 to the Tamil Nadu Financial Code, Volume II.

859. Service of summons on medical officers.—Instructions—(i) In the case of officers mentioned below, summons should be served direct on the medical officers when their absence from the station is not involved and the fact intimated to the District Medical Officers concerned for informations.—

1. Government Medical Officers in Government Medical Institutions.

2. Government Medical Officers in local body and municipal taluk headqaurters medica institutions.

3. Government Medical Officers lent for service in local body and Municipal Medicall Institutions.

4. Local body and Municipal Medical Officers.

5. Rural Medical practitioners in charge of rural dispensaries (who are neither local body servants nor Government servants).

6. Honorary Medical Officers.

(ii) In cases involving absence from the station, summons should be served through the District Medical Officer in respect of all classes of medical officers referred to above except hcr-rary medical officers. The District Medical Officer, while forwarding the summons to medical officers employed in local body and municipal medical institutions, whether they are Government servants lent to local bodies or are servatns of the local bodies, should simultaneously send intimation to the Commissioner of the Panchayt Union or the executive authority of the munucipal council concerned. The same procedure should be adopted in the case of ruesl medical practitioners also. The arrangements for the running of the medical institutions will be made by the District Medical Officer wherever he has to do so and in other cases, by the Commissioner of the Panchayat Union or the executive authority of the municipal council as the case may be.

(iii) In the case of honorary medical officers, the sumons should be served through the superinendent or medical officer in charge of the medical institution so that he may make necessary arrangements for the relief of honorary medical officer.

(iv) In all cases where the time available is short or the medical institution is at a distant place, a telegram may be sent.

(v) In cases where Superintendents of Hospitals, District Medical Officers and Civil Surgeons are required to attend criminal courts to give evidence on professional matters, the summons should be served on them direct, when absence (i) from the station in the case of Superintendents of Hospitals and Civil Surgeons and (ii) from the juridiction in the case of District Medical Officers is not involved, but the fact should intimated simultaneously to the D Director of Health Services and Family Planning Director of Medical Education. In other cases, i.e., where their absence from the station or the jurisdiction, as the case may be, is involved the summons should be served through the Director of Health Services and Family Planning/ Director of Medical Education so that he may make necessary arrangements for their relief.

[G.Os. No. 1725, Law (General), dated 6th June 1934,
No. 3155, Law (General), dated 5th October 1935 and
No. 20 6, Home, dated 30th June 1944.]

860. Evidence of medical officers in Court of Law.—Procedure.—Presiding officers of court should see thet their special orders are taken before a summon is issued to a medical witness and that a convenient date is fixed for his examination. If there is more than one medical officer in a hospital, only one officer should as for as possible be summoned at a time. If possible, it may be previously ascertained from the medical officer, what time would best fit in with his professional duties. A medical witness could be summoned only when the presence of the accused is certain and where there is no likelihood of the case being a djourned for any other reason. The presid officer of the court should see that the time fixed for the examination of the medical office is adhered to and that the absence of the medical officer from his duries is as brief as possible

(G.Os. No. 1433, Home, dated 6th April 1942 and
dated 29th July 1942)

861. Evidence of medical officers under order of transfer.— Medical Officers under order for transfer from one station to another who have to attend the court as witnesses, should bring the fact immediately to the notice of the Director of Health Services and Family Planning/Director of Medical Education through their immediate superiors so that the date of their relief may be regulated in accordance with their court duty.

(Surgeon-General's Circular P. No. 10E, dated 25th January 1930 and Surgeon-General's Circular P. No. 70-E/30, dated 3rd April 1930.)

862. Witness in courts—Execution of bonds.—All witnesses have to execute bonds before the committing Magistrates binding themselves to be in attendance when called upon at the court, under section 217 of the Criminal Procedure Code. The Medical Officers are not exempted from the rule. They should execute the bonds before the Magistrates holding the preliminary enquiry when called upon to do so.

[G.Os. Ms. No. 3036, Law (General), dated 3rd August 1930 and
No. 2795, Law (General), dated 7th July 1930 and
Surgeon-General's Circular P. No. 454-E/39, dated 23rd November 1939.]

863. Procedure to be followed when summoned to produce official documents by courts.—The following procedure should be followed when a Government servant is summoned by a court to produce official. documents for the purpose of giving evidence.—

(1) The law relating to the production of unpublished official records as evidence in courts is contained in sections 123, 124 and 162 of the Indian Evidence Act, 1872 (Act I of 1872), which are reproduced below.—

123. No one shall be permitted to give evidence from unpublished official records relating to any affairs of State except with the permission of the officer at the head of the department concerned, who shall give or withhold such permission as he thinks fit.

124. No public officer shall be compelled to disclose communications made to him in official confidence when, he considers that the public interest would suffer by the disclosure.

162. A witness summoned to produce a document shall, if it is in his possession or power, bring to court, notwithstanding any objection which there may be to its production, or to its admissibility. The validity of any such objection shall be decided on by the eourt.

The court, if it sees fit, may inspect the documents unless it refers to matters of State or take other evidence to enable it to determine on its admissibility.

"If for such a purpose it is necessary to cause any document to be translated, the court may, if it thinks fit, direct the translator to keep the contents secret, unless the documents is to be given in evidence; and if the interpreter disobeys such direction, he shall be held to have committed an offence under section 166 of the Indian Penal Code."

(2) For the purpose of section 123 above, the expression "Officer at the head of the department" may be held to mean the head of the office in whose custody the document required by the court is and vis-a-vis the court which demands its production, that officer should be treated as the authority to with hold or give the necessary permission.

(3) In respect of documents emanating (1) from a higher authority, the Central Government or the State Government or which have formed the subject of correspondence with such higher authority or (2) from other Government whether foreign or dominion, the head of the department should obtain the consent of the Government of India through the usual official channels before agreeing to produce the documents in court, or allowing evidence based on them, unless the papers are intended for publication or are of a purely formal or routine nature, when a reference to higher authority may be dispensed with.

(4) In the case of papers other than those specified in paragraph 3 above the head of the department should not allow production of the correspondence if it relates to matters which are generally regarded as confidential or disclosure of which would in his opinion be detrimental to public interests or to matters which are in dispute in some other connection or have given rise to a controversy between Government and some other party.

(5) In a case of doubt, the head of the department should invariably refer to higher aurthoity for orders.

(6) These instructions apply as well to cases in which the Government is a party to the suit. In such cases much will depend on the legal advise as to the value of the documents, but before they are produced in court, the considerations stated above should be borne in mind and references to higher authority made when necessary.

(7) The Government servant who is to attend court as a witness with official documents should, where permission under section 123 has been withheld, be given an order duly signed by the head of the Department in the accompanying form. He should produce it when he called upon to give his evidence, and should explain that he is not at liberty to produce the documents before the court, or to give any evidence deuived from them. He should, however, take with him the papers which he has been semmoned to produce.

(8) The head of the department should abstain from entering into correspondence with the presiding officer of the court concerned in regard to the grounds on which the documents have been called for. He should obey the court's orders and should appear personally, or arrange for the appearance of another officer in the court concerned, with the documents and act as indicated in paragraph (7) above and produced the necessary certificate, if he claims priivilege.

ORDER.

Summons from the court of the
for the production at
of the office files relating to the

(*a*) I direct to appear with the files mentioned in the summons and to claim privilege for them under section 123 of the Indian Evidence Act.

(*b*) I withhold permission to give any evidence derived from the files for which provilege is claimed under this order.

It should be represented to the court that these files contain unpublished official records relating to affairs of S a'e for the purpose of section 123 and that in view of the privisions of section 162 of the Evidence Act, the files are not open to the inspection of the court.

Head of the Department.

Date :

[G.O. Ms. No. 2027, Public Services, dated 27th November 1955]

864. Courts.—Attendance of Civil Government servants of the Government of India in Pakistan Courts—Civil servants of the Government of India may be required to attend Pakistan courts in the following instances:—

(1) When the Government servant is a party in the case; and

(2) When he is merely a witness.

When the Government servant is a party in the case, it is for him to decide, in consultation with his legal advisers, whether he should himself give evidence in the case or ask for his examination on Commission. It is conceivable that in some cases the Government servant may find it necessary to be present in Court in order that he may instruct his advocate properly. Where on the other hand, the Government servant is merely a witness in the case, it is not possible to to compel him to give evidence in a court in Pakistan. He may ask the party by whom his evidence is required to get examined on commission, if possible.

(Home Department Memorandum Nos. 17273/E/49-1, dated 14th March 1949 and 52296/F49-1, dated 16th June 1949.
Surgeon-General's P. No. 82-E-1, dated 14th May 1949 and P. No. 125-E-1, dated 7th July 1949.)

865. Preparation or scrutiny of agreement sdeeds, etc., by Law Officers—Instructions—With a view to ensure that agreements, deeds, etc., between the Governmet and private parties are prepared correctly, the following instructions should be observed:—

(i) Officers who request the Government Pleader to prepare or scrutinize agreements deeds, etc., should supply him with all relevant papers, with a list and with a certificate the paper are complete. The Government Pleader should see whether the materials supplied by the officer are sufficient for the purpose of preparing or scrutinising the document and if they are not sufficient, he should call for all such further papers as he considers necessary. When the Government Pleader has obtained all the information he requires he should prepare or scrutinise the ocument in accordance with the papers sent to him and see that the agreement incorporate the terms agreed upon between the parties concerned. In any case of doubt he should make a further reference to the officer, who sent the agreement for scrutiny.

(ii) No change (other than clerical) should be made in a document prepared by the Government Pleader without consulting him. In case the authority competent to enter into an agreement or to make a contract, etc., is unable to atree with Government Pleader on any point and decided to overrule him, he should record his reason in writing before making a change in the document.

(iii) The instructions in the above paragraphs will also apply to the preparation or scrutiny of documents by Government Pleaders in the mufassal.

G.O. No. 2950, Law (General), dated 13th October, 1934.]

866. Criminal Justice Stay of proceedings in Criminal Court—Proper procedure indicated.—When a criminal prosecution is sanctioned by a competent authority and when the case is actually on the file of a court of law, instructions, to stay proceedings should not be issued either by the authority which sanctioned the prosecution or by any higher authority, as the order of stay in such cases would be regarded as on order directing the court not to proceed further with the proceedings pending before him. The direction to the court not to proceed further with a pending criminal prosecution amounts to interference with the course of justice and hence contempt of court. In such circumstances the proper course for the administrative authority will be to instruct the prosecution to request the court to grant an adjournment up to a specified date to enable the authority to deal with the question further. Sanction of Government should be obtained for the withdrawal of prosecution in any proceeding in a criminal court.

(G.O. No. 2241, Home, dated 14th June 1948 and
Surgeon-General's P. No. 149-E-I, dated 11th August 1948.)

CHAPTER XXIV.

LEAVE PROCEDURE

Section I.

LEAVE.

867. Application of Medical Officers for leave.—When forwarding applications from medical officers for grant of leave, District Medical Officers Civil Surgeons and heads of medical institutions should invariably furnish the following information :—

(*a*) If they are satisfied that the leave is urgently required (if the leave is not on medical certificate) ;

(*b*) whether, or not local arrangements can be made immediately or later on for their relief, and if such an arrangement can be made, whether it will involve extra expenditure in the shape of an additional pay ;

(*c*) if there are any medical officers already on leave from the district or institution and if so, when their leave will expire ;

(*d*) whether any other medical officer had previously applied for leave and was refused leave.

NOTE—Whenever additional charge arrangements are proposed for carrying on the duties of an officer proceeding/on leave, transfer. etc., intimation should be sent to the Director of Health Services and Family Planning/Director of Medical Education immediately as to whether the arrangements will involve the payment of additional pay under Fundamental Rule 49. Belated claims for the grant of additional pay will be summarily rejected. except under special circumstances which should be communicated to the Director of Health Services and Family Planning or Director of Medical Education as the case may be.

(Surgeon-General's P. No. 111-E, dated 21st April 1939,
P. No. 157-E-1, dated 27th June 1944).

868. Procedure for sending the applications of non-gazetted staff.—Applications for leave from non-gazetted officers (to whom leave can be granted by the Director of Health Services and Family Planning/Director of Medical Education) should be accompanied by a certificate in the appended form :—

" I certify that.............................. is eligible for the leave applied for Service books or leave accounts need not be sent to the Director of Health Services and Family Planning/Director of Medical Education along with the applications for leave of non-gazetted Government servants. When any doubt or difficulty is experienced in regard to the correct calculations of leave, etc. in any particular case, the matter may be referred for the orders of the Director of Health Services and Family Planning/Director of Medical Education and in such cases, the service book and the leave account of the individual duly brought up to date should also be sent to the Director of Health Services and Family Planning/Director of Medical Education

(Surgeon-General's P. No. 161-A, dated 5th October 1943).

869. Grant of leave.—The grant of leave is regulated either by the Fundamental Rules or by the Tamil Nadu Leave Rules, 1933, printed as Annexure III to the Fundamental Rules. The Tamil Nadu Leave Rules, 1933, shall apply to holders of all posts under the rule-making power of the State Government who entered service on or after the 4th September 1933, those who entered service before the said date and who have elected to come under the said rules and to employees or erstwhile States merged in the State of Tamil Nadu who have elected to come under these rulee.

870. Authorities empowered to grant leave.—The authorities specified in column (1) of the table belo ware empowered to grant leave other than special disability leave to the Government servants specified in the corresponding entry in column (2) thereof to the extent specified in the corresponding entry in column (3) of the said table :—

TABLE

Authority empowered to grant leave other than special disability leave.	Government servants to whom leave other than special disability leave may be granted,	Extent of power:
(1)	(2)	(3)
Director of Health Services and Family Planning/Diretor of Medical Education.	1. Gazetted Officers Manager, Office of the Director of Health Services and Family Planning, Senior Assistant to Government analyst, Chief Water Analyst, King Institute Guindy.	The period of leave should not exceed four months. The grant of leave should not involve the creation of an additional post requring the sanction of a higher authority. If shall not involve referrence to a higher authority for a substitute,

TABLE—*cont.*

(1)	(2)	(3)
Director of Health Services and Family Planning/ Director of Medical Education.	Nursing Superintendents and Nursing Tutors of all grades.	Full power.
Do. ..	Other gazetted officers in the Medical Department.	The grant of leave should not involve extra cost. Where such extra cost is involved application must be made to the Government in the Department concerned. The authority competent to grant the leave shall not be competent to refuse leave, if such refusal is likely to involve extra expense to the Government but such authority shall forward to the Government for orders his proposal to refuse leave.
Do. ..	Officers on and above the rank of Civil Surgeons.	To grant leave by making additional charge arrangements during the period for which regular substitues are not required.
Heads of Medical Institutions and the District Medical Officers.	Lay Secretaries and Treasurers, Grades I and II.	For a period of not exceeding 30 days without the appointment of a substitute, and without extra cost to the Government by making local arrangements.
Dean, Government General Hospital, Madras.	Physicists working in the Barnard Institute of Radiology Government General Hospital, Madras.	The power to grant leave is subject to the condition that no substitute is appointed and that the leave vacancy can be filled by making local arrangements without extra cost to the Government.
District Medical Officers, Deans, Government Stanley Hospital, Superintendents of State Hospitals in the Madras City, Civil Surgeons in independent charge of medical institutions in the mufassal, Heads of teaching institutions, Directors of Institutes (including the Director, King Institute, Guindy), Chemical Examiner to Government and Superintendents of Medical Hospitals.	Assistant Surgeons ..	The power to grant leave is subject to the condition that no substitute is required and the leave vacancy can be filled up by making local arrangements or by appointing honorary Medical Officers without extra cost to Government.

II. NON-GAZETTED OFFICERS.

1. Competent authority (i.e., authority in whom the power to appoint a person has been vested by State Government.)	Non-Gazetted Officers ..	Full power.

II. NON-GAZETTED OFFICERS—*cont.*

2. District Medical Officers, Deans, Government Gentral Hospital and Government Stanley Hospital, Superintendents of all the State Hospitals in Madras City, Civil Surgeons in independent charge of Civil Stations or Institutions in the mvfassal, and Superintendents of Mental Hospitals.	Nurses. ..	Full power.
3. District Medical Officers, Civil Surgeons in independent charge of Government Hospitals and stations in the mufassal, Deans, Government General Hospital and Government Stanley Hospital, Superintendents, of City State Hospitals and Superintendents, Government Mental Hospitals.	Head Nurses and Assistant on a scale of pay of Rs. 250-10—300—15—450.	The power to grant leave is subject to the condition that no substitute is appointed in the leave vacancy.
3-A. Head of medical institutions not below the rank of a Civil Surgeon.	Higher grade ministerial staff under their control.	The power to grant earned leave not exceeding 30 days is subject to the condition that no substitute is required and the leaves vacancy is filled up by local arrangements without extra cost to Government.
Dean, Government General Hospital, Madras.	Radiographers (Chief and Assistant to the Chief Radiographers), Technicians, Higher Grade Ministerial Staff and Nurse working in the Baranard Institute of Radiology.	The power to grant leave is subject to the conditions that no substitute is appointed and that the leave vacancy can be filled by making local arrangements without extra cost to Government.

(Rules 66 of the Fundamental Rules and the Subsidiary rules thereunder).

871. **Addresses while on leave.**—Gazetted Officers before proceeding on leave should communicate their addresses while on leave to the Director of Health Services and Family Planning/ Director of Medical Education.

All medical officers before proceeding on leave should communicate their immediate superior and keep them informed of any change of address.

(G.O. Ms. No. 1701, Public, dated 22nd December 1897).

872. **Telegrams regarding leave, not to be charged to the State funds.**—Telegrams regarding leave or other private business should be paid for from the private funds of the persons concerned and not charged to the State.

(G.O. Ms. No. 1472, Public , dated 4th October 1879).

873. **Returning to duty within the period of leave.**—An officer desirous of returning to duty within the period of his leave shall communicate his intention to the head of his department.

874. **Return to duty after expiry of leave one medical certificate.—Provisions in Fundamental Rule 71 to be enforced.**—(i) The authority competent to grant leave or the authority under whom the Government servant is to be employed on return from leave as the case may be, should enforce ete provisions of Fundamental Rule 71, under which to Government servant who has been granted have on medical certificate may return to duty without first producing a medical certificate of fitness; medical certificates of fitness may be required also from Government servants who have been on

leave for reasons of health, even though such leave was not actually granted on medical certificate: An officer who applies for leave other than on medical certificate within a period three months from his return from leave should state definitely the reasons for the leave in order that the officer granting it may see whether the spirit of the leave rules has been complied with.

(2) Officers competent to grant leave to their subordinates should carefully observe the instrurtions contained in sub-paragraph (1) above and the Government will not hesitate to recover from them, any pecuniary loss which may be caused to Government by their negligence.

(G.O. Ms. No. 406, Finance. dated 21st July 1932).

(3) As a general rule on officer, who takes leave preparatory to retirement may be compelled to retire at the end of the leave, provided that it is on record that the leave was applied for preparatory to retirement and that it was granted on that condition. Each case should however be decided on its own erits.

(G. O. No. 583, Judicial, dated 17th October, 1925).

875. **Officers on leave out of India to intimate return to Director of Health Services and Family Planning/Director of Medical Education.**—Medical Officers who proceed on leave out of India should intimate to the Director of Health Services and Family Planning/Director of Medical Education the date of their return to India and need not make any intimation direct to Government.

(Government Memorandum No. 240-1, Public dated 20th June 1908).

876. **Powers regarding issue of posting orders to Gazetted oQcers on return from leave.**—The Director of Health Services and Family Planning/Director of Medical Education can issue the necessary orders of posting in respect of Assistant Surgeons, Nursing Superintendents and Nursing Tyutors of all grades as he possesses full powers to grant leave and order posting and tranfers in their cases. As regards Civil Surgeons (Permanent or officiating), all postings should be made by the Government including those cases where they have to be reposted to their original appointments on return from short leave during which no substitute has been appointed.

(G. O. No. 2505, Public Health, date June 1940.)

877. **Grant of study leave to Medical Officers.**—Study leave will be granted to medical officers under Fundamental Rule 84 and also under the scheme, if any, sanctioned by the Government from time to time.

878. **Drawal of leave salaries by Government oQcers proceeding abroad on leave.**—Government servants under the rule making control of the Government of Tamil Nadu may draw their leave salary through Government channels in respect of leave spent abroad or remit their leave salary from India through ordinary banking channels accordance with the following conditions:—

(1) Leave salary may be drawn in sterling in U.K. through the High Commissioner for India, London, on presentation of necessary leave salary certificate provided the leave is pent in a country outside Asia. The Government servant may,) however at his option draw the leave salary in any of the Dominions or Colonies specified in Appendix No. 9-A of the P & T, Compilation of the Fundamenral Rules and Supplementary Rules, Volume II provided he spends his leave there. Payment in such cases would be made by the paying officers indicated in the Appendix referred to above on the authority of the leave salary warrant to be issued by the Accountant-General concerned.

(2) As regards other countries there are no arrangements whereby leave salary can be drawn in those countries and the Government officer must make his own arrangements to draw his leave salary in rupees in India and to remit such portion of it to the Foreign Countries as is permissible under the Foreign Exchange Regulations for pleasure travel abroad provided that for leave speant outside Asia, the Government Officer may at his option, drawn his leave salary in sterling in London through the High Commissioner for India, in the United Kingdom as permitted under the Fundamental Rules and make his own arrangements for the remittance to the country where the leave is being spent, but in such cases also the amount which he would be entitled to remit would be restricted to what is permissible for pleasure travel under the Foreign Exchange Regulations. For the convenience of all Government officials, the facilities allowed by the Reserve Bank of India for such travel are indicated below:—

(*a*) No foreign exchange is allowed for pleasure travel to—

(i) The countries in the western hemisphere comprising North, Central and South America and adjacent islands, excluding Brazil, Chile, Uruguay, Peru and the possessions of European Colonial powers but not excldiug Canada and New Foundland.

(ii) The Phillippine islands.

(*b*) For the other harder currency Coun ries viz., Belgium and her possession, Portugal and her possessions, the Joint U.S . U.K., Zones of Germany, Switzerland and Japan not more than £50 a month per person is allowed for a total period of two months in one year. The sum of £100 so obtained can be spent in one or more of the above countries as desired by the officer.

(*c*) For other countries a sum of £ 200 a month per person is allowed for a total period of four months in any one year.

(GO Ms. No. 690, Finance (C.S.R.) dated 2nd July 1949 and.
(Surgeon-General's P. No. 144-E-1 dated 22nd July 1949
G.I.M.F. (D.E.A.) O.M.No 255, E.F. 1/51 dated 11th Juue 1951 and amended
by O.M. No. 1961, E.F. 1/54 dated the 14th April 1954)

(3) Officers who elect to draw their leave salary in the United Kingdom and the domoniomns or colonies through Government channels in sterling will not be eligible for any exchange facilities from the Reserve Babnk of India under their personal travel allowance scheme.

(4) Notwithstanding anything contained in the above sub-paragraphs, officers will be granted exchange facilities upto the extent of their leave salary for any period of leave, including leave preparatory to retirement spent in the country of their permanent domicile

[G. O. No. 690, Finance (C.S.R.), dated 2nd July 1949 and
Surgeon-General's P. No. 144-E-1, dated 22nd July 1949,
(G. I.M.F. (D.E.A.), O.M. No. 2553, E.F.. 1/51, dated the 11th June, 1951
as amended by O. M. No. 1961, E. F. 1/54, dated the 14th April 1954].

879. **Instructions to Officers proceeding onleave out of India.**—The following instructions have been issued by the State Government for the information and guidance of Government servants proceeding on leave ex-India :—

(i) The Government servant should obtain a last pay certificate. For this he should call on the Accountant-General who will pay him up to date of relief and also give the necessary leave salary certificate—*Vide* Section VII (*b*) of Annexure II—Part I of the Fundamental Rules.

(ii) A certificate of vaccination to the effect that he has been vaccinated within two years. This is not compulsory under United Kingdom Quarantine Regulations for travellers from India, but is very advisable. It is compulsory for South Africa.

(iii) He should hold a passport issued within the last ten years and renewed if necessary to cover the period of the journey. The renewal fee to Rs. 1 per year. Deputy Secretary, Home Department, is the renewing authority. If the passport is more than ten years old, a fresh passport should be obtained from the above officer by applying in the prescribed form with rupees six in postage stamps as fee and two photographs of size approximately 119 m.m. by 110 m.m. A special endorsement for the specific journey should also be obtained from the Deputy Secretary, Home Department, within 30 days of departure. No fee is necessary.

(v) A certificate in the following form should be obtained from the Secretary to Government in the department having administrative control over him :—

PERMISSION TO LEAVE INDIA.

(GOVERNMENT SERVANT.)

This is to certify that..............................(name infull and designation)...... holding passport No. ....issue at...................on........... is proceeding out of India with the permission of Government on leave under the orders of Government on duty.

Seal or Stamp. **(Signature and designation of issuing authority.)**

An exit permit from the military authorities is not required.

(v) If proceeding to South Africa or Australia otherwise than in transit, he should hold an exit (Finance) permit granted by the Deputy Controller or an Assistant Controller in the Exchange Control Department of the Reserve Bank of India.

(vi) He should not take censorable matter of any kind (i.e., any written matter, photograph, sketch, postage stamp collection, jewellery) out of India without having it passed by the censorship authorities to whom he should submit all matter sufficiently in advance preferably in person.

(Government Memorandum No. 5541/44-G, Public Health, dated 23rd February 1944 and
Surgeon-General's Circular P. No. 49-E-I, dated 6th March 1944.)

880. **Release of foreign exchange to Government Officers proceeding abroad for official purposes.**—(1) Government officials proceeding abroad for official purposes should submit their applications for foreign exchnage requirements addressed to the Government of India in the Ministry of Finance and forwarded through the proper channel and through the State Government concerned. The scrutiny of applications in the Ministry of Finance takes some time and it is therefore necessary in the interest of the Government officials concerned to submit their applications for foreign exchange facilities sufficiently in advance of the date of their departure from India.

(2) Government officials proceeding abroad for official purposes should not apply direct to the Reserve Bank of India for foreign exchange facilities, as the Reserve Bank of India does not release foreign exchange to Government officials unless their applications have been sanctioned by the Government of India in the Ministry of Finance and as direct applications to the Reserve Bank of India lead to delay in the release of foreign exchange.

(G. O. No. 629, Finance, dated 27th May 1952.)

881. **Grant of maternity leave**—The authorities specified in column (1) of the table below are empowered to grant maternity leave to the women Government servants specified in the corresponding entry in column (2) thereof to the extent specified in the corresponding entry in column (3) of the said table :—

TABLE.

Authority empowered to grant maternity leave.	Women Government Servants to whom maternity leave may be granted.	Extent of power
(1)	(2)	(3)
Director of Health Services and Family Planning/Director of Medical education.	All women Government servants under his control other than officers of and above the rank of Civil Surgeons.	Full power.
District Medical Officers, Civil Surgeons in-charge of independent stations or medical institutions in the mofassal and Superintendents of State hospitals in the Madras City and Superintendent of Government Mental Hospital.	Nurses Maternity Assistants, Women Junior Assistants, Women Pharmacist, Women Nursing Assistants. Women sanitary worker and women attendants under their control.	Full power.

[Delegation under Fundamental Rule 101(a).]

NOTE.—The power to grant maternity leave to all married female Government servants in the Medical Department whose pay is met from contingencies is delegated to the heads of institutions concerned.

(G. O. No. 3248, Public Health, dated 13th November 1916 and Surgeon-Generals P. No. 236-G, dated 23rd November 1946).

882. **Leave to Medical Officers employed in Government Tuberculosis Institution.**—(a) Every medical officer employed in a permanent temporary or officiating capacity, either in a Government tuberculosis institution or sanitorium shall be compelled to take at least one month's leave each year out of the leave at his credit to recoup his health when it is apparently good in the case of a permanent medical official who is governed by the Tamil Nadu Leave Rules, 1933, only fifteen days out of the one month compulsory leave taken every year should be debited in his leave account the remaining fifteen days being accumulated in accordance with the rules, i.e., his earned leave shall for each period of compulsory leave of one month granted to him every year, be reduced by 15 days.

(*b*) Such compulsory leave taken by medical officers in tuberculosis institutions shall count for increment in their officiating posts provided they would have continued in the officiating posts but for their going on leave.

(*c*) A non-permenant Government medical Officer who is governed by the Tamil Nadu Leave Rules shall earn leave at the rate of one-eleventh of the period spent on duty if he is employed as a medical officer in a Government Tuberculosis institution or sanatorium, but he shall cease earn while he has to his credit such leave amounting to 30 days.

(Government Memorandum No. 7486-G, 2/49-2, Public Health, dated 19th February 1949 and G. O. No. 3177, Public Health, dated 8th September 1949).

883. Leave to employees in X-ray and radium departments.—The following rules shall apply to all officers and staff (excluding the medical staff) employed in a permanent, temporary or officiating capacity in X-ray and radium departments of the Government Medical Institution in the State of Tamil Nadu :—

(1) No employee shall be allowed to work for more than seven hours a day including meal-time.

(2) The X-ray and radium department shall be closed for 1 1/2 days in the week including Sundays provided there is no other close holiday in the week so that the workers may spend the off days as much as possible out of doors.

(3) Every employee (excluding the menial staff) shall be compelled to take at least one months leave each year out of the leave at his credit to recoup his health even when it is apparently good.

(4) In the case of permanent Government servant who are governed by the Tamil Nadu Leave Rules 1933, only fifteen days out of the one month's compulsory leave shall be debited to their leave account the balance of fifteen days being accumulated according to the rules.

(5) A non-permanent Government servant in superior service employed in the X-ray or radium department in a Government medical institution shall earn leave at the rate of one-eleventh of the period spent on duty but he shall cease to earn leave while he has to his credit such leave amounting to 30 days.

(6) The concession specified in Rule 9 (*b*) of the Tamil Nadu Leave Rules will apply to approved probationers in superior service who are exployed in X-ray and radium departments of Government Medical Institutions.

(7) Assistant Surgeons on reserve duty in the Barnard Institute of Radiology, Government General Hospital, Madras are also entitled to the concessions admissible to temporary officers holding sanctioned appointments in the X-ray departments under rule 20 of the Tamil Nadu Leave Rules.

(8) A blood test for each employee shall be taken every four months and the results tabulated in a separate register kept solely for the purpose.

(G. Os. No. 2375, Public Health, dated 6th July 1939 and
No. 1434, Public Health, dated 3rd April 1941,
Government Memorandum No. 40044/44-3-D-1, Public Health, dated 6th October 1944
and G. O. No. 2296, Public Health, dated 4th September 1945.)]

884. **Medical Officers.—Re-employed after retirement.—Admissibility of leave.—**The Medical Officers who are re-employed after retirement should be treated as non-permanent Government Servants and should be granted leave admissible, under the Tamil Nadu Leave Rules, 1933 to non-permanent Government servants in superior service. They will also be eligible for the usual casual leave.

Leave, if any, which these medical officers had to their credit at the time of their retirement should be deemed to have lapsed.

Section II.

CASUAL LEAVE.

(ORDINARY AND SPECIAL.)

885. **General.**—(1) Casual leave is not provided for in the Fundamental Rules and it is a concession to enable Government servants in special circumstances to be absent from duty for short periods without such absence being treated as leave under the Fundamental Rules. It may be granted subject to the limits prescribed by the Government by the Heads of Offices to officers immediately subordinate to them. Heads of Departments should intimate their intention taking casual leave to Government in the department concerned.

(2) For executive instructions issued by the Government of Tamil Nadu regarding ordinary and special casual leave, *See* Annexure VII to the Fundamental Rules.

(3) No officer shall avail himself of casual leave without previously obtaining sanction except in case of urgent necessity such as illness and in such cases sanction ought to be invariably sought without delay.

886. **Applications for casual leave from District Medical Officers, Civil Surgeons. etc.—Submission of.**—(1) All applications for casual leave from District Medical Officers and Civil Surgeon, in-charge of districts and civil stations should be made to the Director of Health Services and Family Planning the Chief Civil Authority of the district or the Station being informed of simultaneouly specifying the offier who will be responsible for the duties in the absence of the District Medical Officer or the Civil Surgeon. The Chief Civil Authority, if he has any objection to the grant of casual leave should at once inform the Director of Health Services and Family Planning accordingly with reasons.

(G. O. No. 1749, Public Health, dated 28th April 1940.)

(2) All applications for casual leave from Superintendents of hospitals in the city and Deans of Medical Colleges should be made to the Director of Health Services and Family Planning/ Director of Medical Education. All applications for casual leave from Civil Surgeons not holding independent charge of appointments. i.e., those employed in medical colleges, City State Hospitals, etc., should be submitted to the Deans or Heads of Institutions concerned. In the case of Civil Surgeons employed as professors who have hospital duties in addition, the applications should be submitted through the Superintendents of the hospitals also. The Deans or heads of institutions concerned can themselves sanction casul leave to Civil Surgeons serving under them.

(G. O. Ms. No. 3477, Public Health, dated 2nd August 1940 and No. 1931, Public Health, dated 2nd July 1946.)

(3) Applications for casual leave from Civil Surgeons in-charge of independent medical institutions in the mufassal should also be submitted to the Director of Health Services and Family Planning for sanction.

(4) Applications for casual eave from medical officers in medical charge of jails who are not wholly employed in the Jail Department and not be forwarded through the Inspector-General of Prisons but the grant of any leave to such officers should in all cases be intimated to the Inspector General of Prisons by the Director of Health Services and Family Planning of the medical officer proceeds urgently in anticipation of sanction he should report the fact to the Inspector-General of Prisons also.

(G. O. No. 2942, Law (General), dated 28th November 1922.)

(5) Applications for casual leave from Assistant Surgeons whether employed in Government Medical Institutions or under local bodies should be made to the Superintendent of the institution or the District Officer of the District as the case may be. The Superintendent of the institution or the District Medical Officer may himself sanction the leave in the case of Assistant Surgeons employed in Government institutions. Applications from Assistant Surgeons serving under local bodies should be forwarded by the District Medical Officer with his recommendations to the Commissioner of the Municipal Council or the Panchayat Union concerned for disposal.. Copies of orders issued by the Commissioners of municipalities and Panchayat Unions granting casual leave to their medical officers (whether they be Government Medical Officers or not) should at the same time be communicated to the District Medical Officer or the Civil Surgeons concerned.

(6) Applications for casual leave from the members of the nursing staff employed in Government Medical Institutions should be addressed to the Medical Officer in charge of the institution in which they are employed who are authorised to sanction casual leave.

(Surgeon-General's P. No. 82-A/46, dated 2nd April 1946.)

(7) Under paragraph 7 (*a*) (*ii*) of the executive instructions issued by the Government for the grant of casual leave, printed as Annexure VII to the Fundamental Rules, grant of special casual leave involving the appointment of substitute requires the sanction of Government, when a Government servant is ordered by the Head of his office to absent himself from duty on the certificate of a medical officer on account of the presence of infectious disease in his house. But in respect of non-medical staff under their control, District Medical Officers, Civil Surgens in-charge of independent stations and hospitals in the mufassal, Superintendents of hospitals and Deans of Medical Colleges, Director, King Institute, Guindy, and the Chemical Examiner to Government are authorised to exercise this power, even when substitutes are employed.

(G. O. No. 75, Public Health, dated 8th January 1946.)

Section III.

HOLIDAYS AND COMPENSATION LEAVE.

887. **Holidays in Public Officers.**—A list of holidays to be observed in public officers and to be notified under the Negotiable Instruments Act is published from time to time in the Fort St. George Gazette. The grant of other holidays without the permission of the Government is prohibited.

[G.Os. No. 917, Public, dated 16th September 1902,
No. 942, Public, dated 17th October 1903),
No. 1149, Public, dated 21st December 1903 and
No. 1650, Public (Political), dated 23rd June 1952.

888. **Observance of holidays.**—The following rules have been prescribed relating to observance of holidays in public offices—

All public offices will be closed on days notified as holidays under the Negotiable Instruments Act.

The grant of every holiday is subject to the condition that arrangements are made for the despatch of emergent business.

889. **Grant of compensation leave.**—The occasions on which other categories of Government staff, who have to attend office on holidays warranting subsequent grant of compensatory holidays should normally be few and far between. Government Servants who attend office on Sundays and other public holidays, primarily with a view to clear arrears of work left by them to previous working days or those who attend office on holidays to discharge official work for a relatively short time (as judged by the Head of the Department or other controlling authority) will not be entitled to compensatory holidays. But as against this, there may be occasions such as visits of V.I.Ps., emergencies caused by natural calamities and maintenance of Law and Order when the Government servants concerned have no alternative except to work on Sundays and other Public Holidays in the discharge of their official responsibilities. Such cases will warrant the grant of compensatory holidays. Ministeral Staff who are asked to work on holidays to keep ordinary turn in their respetive officers will also continue to be entitled to compensatory holidays in terms of the orders in G.O. Ms. No. 2038, Public dated 11th August 1952.

Where a Government servant is prima facie eligible to the grant of compensatory holidays in the circumstance mentioned above, the following rules shall regulate the grant of such holidays.

(i) No compensatory holiday can be claimed as a matter of right. It shall be within the discretion of the superior competent to grant of casual leave, to admit a claim for a compensator Holiday (in the case of officers like those belonging to the I.A.S. in respect of whom formal sanction of causal leave is not necessary, the authority to admit a claim for compensatory holidays and shall be the Government in the case of Collectors, Secretariates to Government and Heads of Departments; and the Head of the Department in other cases).

(ii) No compensatory holidays can be availed of unless there has been prior credit of such a holidays to the Government Servant's Compensatory holidays account. The authority competent to grant credit for a compensatory holiday shall be the authority referred to in rule (i).

(iii) To be eligible to claim credit for a compensatory holiday an application shall be made within one month of the Sunday or other public holiday on which a Government servants to Government work.

(iv) Whenever orders are passed admitting credit for a compensatory holiday, the fact shall be entered in the Casual leave register on the page allotted to the Government Servant by attended opening a new column to indicate compensatory holidays.

(v) No Government servant shall be entitled to a ceredit of more than twenty compensatory holidays in all, in a calendar year.

(vi) Every compensatory holiday shall automatically lapse at the end of six months of the holiday to which it relates.

(vii) Compensatory holidays may be combined with casual leave or authorised public holidays subject to condition that the total period of absence shall not exceed ten days.

[G.O. Ms. No. 362, Public (General-M), Department, dated 21st February 1967 and G.O. Ms. No. 226, Finance Department, dated 8th February 1971.]

NOTE.—There are certain classes of Government servants in whose cases, it is part of their normal duties to attend to Government work on Sundays and other Public Holidays and in whose cases, accordingly there can be no question of claiming any compansatory holidays for such work. For example Livestock Farm Superintendents of the Animal Husbandry Department are expected to attend to the daily muster work and distribution of work among labourers, every morning, including Sundays and other Public Holidays. They have also to supervise the feeding and breeding operations. As the hours of work for such officers are completely different from those of other such officers will not be eligible for any compensatory holidays. Similarly, Watchman, Chowkidars, etc., are also excluded from the scope of compensatory holidays in view of the very nature of their duties, Government servants who spend Sundays and other public holidays in camps and draw T.A. and D.A. for such days will also not be eligible to claim any compensatory holidays. Drivers and other technical workers will also not be eligible to claim any compensatory holidays as they are compensated in other ways for working on holidays (e.g.) by way of shift duties, grant of special allowances, etc.

[G.O. Ms. No. 362, Public (General-M) Department, dated 21st February 1967.]

CHAPTER XXV

TRAVELLING ALLOWANCES, PENSION, ETC.

Section 1.

TRAVELLING ALLOWANCE.

890. **Travelling Allowance—Grant of—**The grant of travelling allowance is regulated by the Tamil Nadu Travelling Allowance Rules printed as Part II of the Tamil Nadu Manual of Special Pay and Allowance, Volume I.

891. **Controlling Officers for counterning travelling allowance bills.**—The authorities declared by Government and by Head of Departments as to the Controlling Officers for counter signature of the travelling allowance bills of Government servants in the Medical Department will be found in Annexure IX to the Tamil Nadu Travelling Allowance Rules. The duties of controlling officers who countersign the travelling allowance bills are laid down in rule 7 of the Tamil Nadu Travelling Allowance Rules.

892. **Scale of establishment to be taken on tour.**—The scales of establishments which subordinate authrities may take with them in tour without the special sanction of their controlling officers are given in Annexure X to the Tamil Nadu Travelling Allowance Rules.

893. **Travelling allowances of Medical and Nurses posted to medical institutions for short periods.**—Medical Officers and Nurses posted to Medical Institutions for short periods one exceeding a month to take the place of officers summoned to give evidence or on Casual Leave and due to other as well as those who on return to their original stations on termination of such temporary duty, shall be paid Travelling Allowance as on tour under rule 61 of the Tamil Nadu Travelling Allowances Rules. They are also eligible for daily allowance for the first fifteen days of their halt in the new station. No Travelling Allowance for family under rule 70 will be allowed in such cases.

[*Vide* ruling (1) under Rule 61 of Tamil Nadu Travelling Allowances Rules.]

894. **Travelling allowance for giving evidence in a Court.**—(*a*) A Government Servant who is summoned to give evidence in a criminal case, a case before a court-martial, a civil case to which Government is a party or a departmental enquiry held by a properly constituted authority in India including an inquiry preliminary to acquiring and (provided that the facts as to which he is to give evidence have come to his knowledge in the discharge of his official duties).

(1) May draw travelling allowance as for a journey on tour attaching to his bill a certificate of attendance given by the court or other authority which summoned him:

(2) When he draws such travelling allowance, may not accept any payment of his expenses from the court or authority. Any fees which may be disposed in the court for the travelling and subsistence allowance of the witness must be credited to Government.

(3) If the court in which he gives evidence is situated within five miles of his headquarters and not travelling allowance is therefore admissible for the journey, may of he be not in receipt of permanent travelling allowance, accept such payment of actual travelling expenses as the court may make.

(*b*) Government medical officers employed either under Government or under local bodies are allowed travelling allowance under rule 96 of the Tamil Nadu Travelling Allowance Rules as for journeys on tour which is drawn on a Travelling Allowance Bill Form supported by a certi cate of attendance given by the court. In the case of non-Government medical officers employed under local bodies, however, such charges are paid by the Presiding and Judge and debited to contingencies.

(Rule 96 of the Tamil Nadu Travelling Allowances Rules.)

(*c*) (i) A Government servant summoned to give evidence in his private capacity is not entitled, by reason of his position as a Government servant, to any payments other than those admissible by the rules of the court.

(Rules 37 of the Tamil Nadu Travelling Allowances rules.)

(ii) The Government of Tamil Nadu have reached the revised reciprocal arrangements with the Government of India and the Government of Maharashtra, Gujarat, West Bengal, Uttar Pradesh, Madhya Pradesh, Bihar, Orissa, Punjab, Rajasthan, Karnataka, Kerala and Andhra Pradesh as follows to the payment of Travelling Allowance to official witnesses attending criminal courts. In criminal cases to which the State is a party, a Government servant giving evidence regarding facts of which he has official knowledge will on production of a certificate of attendance issued by the summoning court, be paid Travelling allowance by the Government under whom he is serving.

(iii) In criminal cases where the State is not a party, a Government servant giving evidence regarding facts of which he has official knowledge will be paid travelling allowance by the summon-court according to the rules under which such Government servant draws his Travelling Allowance for a journey on tour, and the charges will be borne by the Government of Tamil Nadu or any of the other reciprocating Government according as the court is situated in this State or in the territory of any of the other reciprocating Government.

In such cases the Government servant concerned will carry to the summoning Court a certificate duly signed by his controlling officer showing the rates of Travelling Allowance and Daily Allowance admissible to him for a journey on tour. If the Government servant is his own controlling officer, the certificate will be signed by him as such.

[G.O. Ms. No. 925 (Home), dated 17th March 1965.]

895. **Travelling allowance for appearing before District Medical Officers for Medical examinations.**—Whenever it has been found necessary in the interests of the service to order a medical officer at any out-lying station, who has reported sick, to appear before the District Medical Officer at the District Headquarters for examination, he should be considered to have been on duty till the date of such examination and therefore entitled to travelling allowance. If the journey is undertaken in the interests of a local board or municipality, the local body concerned should bear the charge.

(G.O. No. 916, L. and M., dated 20th May 1895.)

896. **Grant of travelling allowance to House Surgeons and House Physician for journeys on duty.**—(i) House Surgeons and House Physicians will be eligible for travelling allowance as for officers in Grade VIII when they are required to travel on duty to give evidence in law courts or for other purposes.

(ii) When at the instance of the state, any unpaid House Surgeon or House Physician appears before any criminal court located at Saidapet and having jurisdiction in the Chingleput district to give evidence in his official capacity he shall be paid a conveyance allowance of rupees two only.

(iii) When at the instance of the State, unpaid House Surgeon or unpaid House Physician in the City of Madras appear before a Presidency Magistrate's Court to give evidence in his official capacity he shall be paid a conveyance allowance of Rs. 2 (Rupees two only).

(G.O. No. 2065, Health, dated 11th June 1951.)

Section 2.

PENSION AND GRATUITIES.

897. **Pensions.**—(1) Pensions for "Superior Service" are divided into four classes.

(*a*) Compensation Pensions.

(*b*) Invalid Pensions.

(*c*) Superannuation Pensions.

(*d*) Retiring Pensions.

The pension rules applicable to State and Subordinate Services under the control of the Government of Tamil Nadu are incorporated in the Tamil Nadu Pension Code.

(2) Pensions for "Inferior Service" are regulated by Articles 481 to 485 of the Civil Service Regulations, as reproduced in the Tamil Nadu Pension Code.

898. Procedure relating to pensions.—The procedure to be followed by officers applying for pension and the grant of pensions is laid down in Part X of the Tamil Nadu Pension Code. For rules relating to the wound and other extraordinary pensions, Appendices 1 and 2 to the Tamil Nadu Pension Code may be referred to.

899. Re-employment of military pensioners in civil employment—Fixation of pay.—The effect of the provisions of Article 526 of the Civil Service Regulations is that the authority competent to make an appointment to a post has to obtain the orders of the authority competent to fix the pay and allowances of the post in regard to the pay to be allowed in each case in which a Military pensioner is entertained in a Civil post or in which a Military officer is granted a Military pension while employed in a Civil post after the 30th May 1933. The following instructions should be observed.—

In a case falling under clause (a) of Article 526 of the Civil Service Regulations, i.e., where a Military pensioner is employed in civil department the officer who draws the pay of the re-employed pensioner should, pending the orders of the Director of Health Services and Family Planning fixing his pay in civil employment,make such reduction of pay as he considers reasonable and also indicate on the pay bills that the pay for the military pensioner is being drawn provisionally pending orders of the competent authority. On the first pay bill drawn after receipt of the orders of the competent authority, a certificate should be appended to the effect that the pay has been duly fixed by the competent authority under Article 526(*a*) of the Civil Service Regulations and the relevant order should also be quoted. As regards cases falling under clause (*b*) of Article 526, Civil Service Regulations the Accountant-General will intimate to the Heads of the departments concerned the grant of military pensions to persons in civil employment and officers drawing their pay should follow a procedure similar to that indicated above.

[G.O. No. 216, Finance (Pension), dated 4th April 1939 and
Surgeon General's P.No. 106-A, dated 5th June 1939.]

The Military pension of a person when it does not exceed Rs. 15 a month shall not be taken into account in fixing his pay and allowances on re-employment in Civil under the rule-making control of the Government of Tamil Nadu.

[G.O. No. 388, Finance (Pension), dated 9th July 1941 and
Surgeon General's Circular P.No. 192-A, dated 16th August 1941.]

900. Re-employment of pensioners in dispensaries of modern medical in rural areas.—A retired medical officer, who sets up practise in rural area in accordance with the scheme for medical relief approved by the Government and who receives a subsidy granted for the purpose should not be regarded as a re-employed pensioner for purposes of Article 520 of the Civil Service Regulations.

901. Grant of compassionate gratuities of families of Government servants in pensionable service who die while in actual service or within six months after retirement.—(*a*) The rules framed by the Government to regulate the grant of compassionate gratuities of families of Government servants in pensionable service who die while in actual service or within six months after retirement are given in Part A of Appendix 4 to the Tamil Nadu Pension Code under the heading "Tamil Nadu Compassionate Gratuities Rules, 1932". The term "family" for the purpose of these rules has been defined to include the Government servant's wife, legitimate children, step-children, parents, sisters and minor brothers who had been wholly dependent on him. The records that should accompany a petition for compassionate gratuity from families of deceased Government servants are:—

(1) Service Book and leave account properly verified.

(2) The first page of the pension application. The first four items and item 14 should be written in block letters. The name of the Treasury at which the petitioner desires payment should be written against item 14.

(3) The full address of the petitioner should be furnished.

(4) Defaulter register (complete and personal file) of the deceased Government servant.

(5) The report of the Revenue authorities (Tahsildar) on the pecuniary condition of the petitioner as contemplated by Ruling 4 issued by the Tamil Nadu Government under the Tamil Nadu Compassionate Gratuities (Non-Pensionable Establishment) Rules, 1941.

(6) The descriptive roll of the applicant in the prescribed form.

(7) The amount of gratuity recommended with reasons for the recommendations made.

(8) The number of dependents of the deceased with particulars of age, occupation, etc.

(9) Information as to whether the deceased has insured his life or whether he was contributing towards the General Provident Fund or any mutual benefit fund, etc

(10) Whether there are any relatives who are in a position or under an obligation to support the family of the deceased

(*b*) Applications for gratuities should be on no account be withheld by subordinate officers but should be submitted with relevant remarks. The advisability of withholding any application will be decided by the Director of Health Services and Family Planning on the merits of the case with reference the orders in G.O. No. 505, Pension, dated 18th May 1938.

(Surgeon-General's P. No. 76 A, dated 10th May 1932,

Surgeon-General's P.No. 79-A, dated 10th May 1934,

Surgeon-General's P.No. 135-A, dated 2nd July 1938,

Surgeon-General's P. No. 256-A, dated 5th December 1938,

Surgeon-General's P. No. 159-G, dated 25th April 1944.)

907. Grant of retiring and invalid gratuities for non-pensionable services.—For Government servants in non--pensionable service, the Government have framed rules for the grant of retiring and invalid gratuities under certain conditions. The rules framed by them for the grant of compassionate gratuities to the families of such Government servants are contained in the Tamil Nadu Compassionate Gratuities (Non-Pensionable Establishment) Rules, 1941, printed as Part B of Appendix 4 to the Tamil Nadu Pension Code. These rules shall not apply to families of persons who were subject to a Contributory Provident Fund.

[G.O. No. 774, Finance (Pension), dated 12th December 1941.]

CHAPTER XXVI.

CORRESPONDENCE AND OFFICE PROCEDURE.

Section I.

CORRESPONDENCE, TELEGRAMS, ETC.

903. **Drafting of official communications.**—Some general directions as regards drafting of official communications are given in Chapter IX of the District Office Manual. Additional instructions given below should also be carefully noted.

904. **Inter-departmental correspondence.**—All communications should be written on foolscap paper of good quality—white preferable. The use of filmsy paper is forbidden.

905. **Paper used in correspondence—Dimensions.**—(i) All papers used for official and demi-official correspondence shuld have with as follows:—

(1) Ordinary width—21 cms.

(2) Less than ordinary width—10.5 cms.

(3) More than ordinary width—any multiple of 10.5 cms.

(ii) A half sheet is the smallest size to be used, except in inter-departmental correspondence which is not likely to go beyond the Office of the Director of Health Services and Family Planning, Director of Medical Education when a quarter sheet may be used.

(G.O. No. 491, Financial, dated 7th July 1886 and
Circular No. 9, dated 8th June 1894.)

906. **All official correspondence to be according to correspondence rules.**—As it is difficult to say what official correspondence may or may not have to be submitted to Government it is desirable that the rules regarding the form, arrangements and contents of communications embodied in clauses I to XLI of the 'Correspondence Rules' issued with G.O. No. 434, Public, dated, 10th June 1906, should be generally observed.

(G.O. No. 712, Public, dated 17th July 1888.)

902. **Form of quoting Government orders.**—To secure informity in the form adopted when quoting Government orders in official correspondence, the following form should invariably be followed, the department, being always quoted after the number of the Government order thus; "G.O. No. 2454, P.H., dated 4th September 1944".

(G.Os. No. 1372, L. and M., dated 3rd August 1896 and
No. 32, Public, dated 25th June 1900.)

908. **Direction for all communications.**—(i) All communicatins should have a quarter margin which is to be left on the inner side of each page, that is, the left edge of the first page, the right edge of the second page, and so alternatively. The writting should be legible. The matter should [not too crowded; about twenty-five lines in a page will be found a convenient arrangement. Only a black ink is to be used, coloured inks are forbidden.

(iii) Extravagant spacing should be avoided alike in writing in ruling and in typing, If this is attended a half sheet of paper will often suffice for what would otherwise have taken a full sheet. Where such a saving will result, communications should be typed with single in stead of double spaces between the lines. All notes, drafts and couumnucations of whatever script should be typed on both sides of the paper.

(ii) Office copies may often be dispensed with. Covering letters must not be sent with the various "prescribed forms" of applications, returns, statements, certificates, etc., unless for any special reasons, it is impossible to say all that has to be said in the form and, therefore, necessary to explain or supplement it by a separate letter. A forwarding endorsement with number and date will do in such cases.

909. Enclousres to orginal correspondence—Instructions.—(i) Enclosures must be minimised as far as possible. When they are necessary, they should as far as possible be typed in continuation of the main commnication. Every sheet of paper and each side of it should be fully utilised. It should be a rule that no enclosure is to be sent without the specific orders of the head of the office or some responsible person to whom he has delegeted this duty.

[Government memorandum No. 8801-1, Public (Services), dated 2nd April 1932.]

(ii) All additions to the original sheet should be on paper of the same dimension and should be fastened to it by a loop of thread not less than 5 cms. in length, the use of pins is forbidden for the purpose.

910. Contents of a letter.—(i) A letter is to be confined strictly to one subject only; paragraphs should be numberd, lengthly and involved paragraphs should be avoided. In periodical reports general questions should not be raised, nor should such reports be made on occation for soliciting orders on individual cases. Signature should lays be written and not impressed by a stamp.

(ii) Communications sent to the Director of Health Services and Family Planning/Director of Medical Education by Medical Officers should be complete in themselves and comprise all the information required in order to arrive at a decision. Any reference to subordinate officers in the medical department that may be found necessary should be made by the Medical Officers themselves before submitting papers for the orders of the Director of Health Services and Family Planning/Director of Medical Education. In transmitting applications or correspondence, they should particularly state their concurrence or otherwise, adding such additional observations,based on local knowledge as may enable the Director of Health Services and Family Planning/Director of Medical Education to arrive at a proper understanding of the question without further reference. Applications containing specific requests should not be sent on merely with the endorsement "Forwarded" but should be accompanied with the remarks and opinion of the forwarding officer on the request contained in them.

911. Corrdspondence with the Director of Health Services and Family Planning/Director of Medical Education.—Subordinate officers in the Medical department should address their communications to the Director of Health Services and Family Planning/Director of Medical Education.

(G.O. No. 2484, Public Health, dated 6th September 1944 and
Surgeon-General's Circular P. No. 231. E-1-44, dated 8th September 1944.)

912. Correspondence with local bodies.—(1) Correspondence between Commissioners of Panchayat Union and District Medical Officers should ordinarily take the form of letters, but there is no objection to brief endorsements such as "Copy Communicated for information", "returned with remarks" and so forth.

(G.O. No. 429, L., dated 31st March 1919.)

(2) Commissioners of Panchayat Union and Municipal Councils may address Government Medical Officers employed in institutions under their control in the memorandum form. Assistant Surgeons employed in Panchayat Union and Municipal Medical Institutions may address Presidents and Commissioners by letter form instead of in the form of a report.

(G.O. No. 582, Public Health, dated 14th April 1924.)

913. Correspondence of Government servants with the exercise authorities of Panchayats—Procedure.—The Government officials while addressing the executive authorities of Panchayats (executive officers in the case of notified panchayats and Presidents in the case of other panchayats) should observe the following procedure :—

(i) Non-Gazetted officers of Government should invariably use the letter form in future.

(ii) Gazetted officers and heads of departments may use the form of Memorandum.

(G.O. No. 178, L.A., dated 18th February 1952 and
Director of Medical Services Circular P. No. 82-G-1, dated 17th March 1952)

914. Correspondence procedure—Subordinates in Panchayat Union and Municipal medical institutions.—In the interest of proper administration and discipline, all communications of an official nature from subordinates employed in Panchayat Union and Municipal medical institutions, and also all such communications intended for them, should pass through the Chief Medical Officer, of the institutions concerned.

(G.O. No. 228, Public Health, dated 27th January 1944.)

915. Correspondence between the commissioners of Panchayart Unions and Executive authorities of Municipalities and the Medical Officers under their control.—Commissioners of Panchayat Union and executive authorities of Municipalities may correspond direct with Government medical officers in taluk as well as non-taluk headquarters institutions in all matters relating to the institutions in their charge, but they should however send to the District Medical Officers concerned copies of their correspondence with the Panchayat Union and Municipal Medical Officers and Rural Medical Practitioners under their control regarding all important matters concerning appointments and leave and professional and other points relating to the administration.

(G.O. No. 1542, Public Health, dated 20th May 1946, and Surgeon-General's P.No. 80-H, dated 17th June 1946.)

916. Staff employed in medical institutions under the control of local bodies—Procedure for Submission of leave applications.—Medical Officers under the control of Panchayat Unions shall submit their leave (including casual leave) application through the District Medical Officers concerned. The subordinates in such medical institutions will also send their leave (including casual leave) applications through the Chief Medical Officer of the Institution concerned.

(G.O. No. 910, Public Health, dated 22nd March 1948 and Surgeon-General's P.No. 59, M-2, dated 28th April 1948.)

917. Correspondence with non-officials.—Correspondence with non-official should ordinarily be in the form of letters in cases in which the addressesee is a person of position and the subject dealt with is not routine; in other cases, the endorsement form may be used; honorifies should always be used in the address in the case of respectable persons.

(G.O. No. 29, Revenue, dated 25th January 1921.)

917-A. Correspondence with Member of Legislature Assembly and Members of Parliaments.—Correspondence with a Member of the Tami Nadu Legislative Council or the Tamil Nadu Legislative Assembly of the Parliament should be in the form of letters only.

[G.O. Ms. No. 2419, Public (Services) Department, dated 4th August 1955.]

918. Correspondence and interviews with authorities other than immediate official superiors.—(1) Whenever only statistical information is required and no question of opinion is involved, the person in possession of that information should furnish the information direct to the Government or the officer requiring it which a copy of it to his immediate superior officer.

(2) Save as otherwise provided in clause (1) above, no Government servant should address directly any superior authority other than that to which he is immediately subordinate, in any matter relating to his official duties or affecting him personally as a Government servant.

(3) No Government servant may, except with the previous permission of the authority to which he is immediately subordinate, seek an interview with any officer in respect of any matter affecting him personally as a Government servant and no Government servant should seek such an interview with a Minister or with a Secretary to Government except with the previous permission of the head of the department obtained through the proper channel.

(4) Whenever local subordinates are asked by Ministers to enquire into any matter or make reports, the reports should be sent through the head of the department concerned and the concerned department in the Secretariat. Heads of departments should not correspond direct with Ministers and all correspondences with Ministers should go through the concerned department in the Secretariat.

(5) Notwithstanding anything contained in clause (4) above, there might arise rare occasions of subordinate official being asked to furnish immediate information by Ministers when a rigid adherence to the procedure given in the preceding paragraph may result in some delay, however little it may be, and which might defeat the very object with which the information may have been sought. In such rare cases, subordinate offiials and heads of departments can in addition to the irregular reports through the normal channel, send a copy direct to the Minister. It should be noted that such reports will be sought purely as an urgent piece of information by Minister.

[G.Os. No. 34, Public Health, dated 5th January 1937,
Ms. No. 3064, Public (General-B), dated 7th December 1948,
Ms. No. 3131, Public (General-B), dated 13th December 1948,
No. 3988, Public (Services-C), dated 13th October 1950 and
Surgeon—Generals Circular P. No. 290-E-3/50, dated 14th November 1950.]

919. Correspondence with the Director-General of Health Services, New Delhi.—(i) The Director-General of Health Services, New Delhi is entitled to receive any information he desires from the Director of Health Services and Family Planning and the Additional Director of Health Services and Family Planning and to communicate with these officers in regard to the operation of departmental rules and orders, but he will exercise no direct authority.

(ii) The Director of Health Services and Family Planning is permitted to correspond direct with the Director-General of Health Services, New Delhi on matters of routine.

(G.O. No. 600, Public, dated 12th July 1899.)

919-A. Correspondence by Heads of Department in this State with their counterparts in other States except Nagaland.—The Heads ofDepartments of this State may correspond direct with their counterparts in other States except Nagaland on matters of routine and non-controversial nature. They should however send to Government in the Administrative Department copies of such correspondence for information. Correspondence on all important and policy matters and matters of controversial nature should however be routed by the Heads of Departments through the Administrative Department of the Government.

[G.O. Ms. No. 2837, Public (Political) Department, dated 15th November 1969.]

920. Correspondence with audit officers of other States.—Officers of the Government of Tamil Nadu should not make any reference to audit officers of other States direct. If they require any information from such officers, they should address the Director of Health Services and Family Planning/Director of Medical Education who will, if he thinks necessary, obtain the required information through the Accountant-General, Madras.

(Surgeon-General's Circular No. 41, dated 8th July 1911.)

921. *Deleted.*

922. Correspondence with officials in other countries.—Direct official communications with officials in the United Kingdom in Continental Europe and in other countries by Government officials in India is not permitted; all references to the officials mentioned should be made throug the channel of the Government of India.

(G.O. No. 4, Public, dated 6th January 1890.)

923. Form and style of correspondence.—(1) District -Medical Officers and heads of offices in addressing the Director of Health Services and Family Planning and (2) officers of whatever rank or departmentin this State, when addressing District Medical Officers and heads of offices may adopt the simplest, br efest, and most direct style, shorn of all conventional compliments, of such needless complications as the use of third person and the passive voice instead of the first person and the active voice, and of such expression as "the undersigned". For detailed instructions, regarding style to be adopted in correspondence, *See* Chapter X of the District Office Manual.

924. Form of address to be used when addressing officers of other departments.—In corresponding with officers of other departments or with offices of equal or higher status in the Medical Department, memorandum, proceedings or similar mandatory forms implying subordinatetion should not be used.

(Surgeon-General's Circular P.No. 449-E, dated 8th November 1940.)

925. Short and unimportant communication to be made on post cards.—All short and unimportant communications, whether between officers in districts or between heads of departments should be written on blank cards of the prescribed size instead of on service post cards; if the despatching clerk has other communications to sent to the addressee on the same day, he should enclose the unstamped card in the cover containing such communications, otherwise he should stamp the card and post it. such cards should invariably be used for intimating that any periodical return or return are nil and for the following purposes:—

(*a*) Reports of departure on, and return from, inspection and other duties,

(*b*) Applications for copies of circulars,

(*c*) Advices of nil returns, and

(*d*) Reminders.

The above instructions do not however apply to correspondence with Government.

(G.Os. No. 835, Finance, dated 7th May 1885,
No. 6221, Financial, dated 11th October 1894,
No. 1103, Public, dated 29th October 1900 and
No. 78, dated August 1895.)

926. **Office procedure Submission of urgent proposals to Government.**—In case in which a decision has to be reached before a particular date, the head of the department or the office concerned should submit proposals sufficiently early to enable the higher authorities to come to a decision in time. In cases involving Government in large amounts of expenditure, proposals should be sent up as early as possible well in advance of the crucial dates so that the higher authorites might be in a position to consider the proposal in all its aspects, instead of being hustled into hasty action.

[Government Memorandum No. 152, Public (Services), dated 25th June 1949 and
Surgeon General's P. No. 2056-G, dated 7th July 1949.]

926-A. **Office procedure oral instructions by Minister or other Superior Officers—Record to be kept in Files.**—The following procedure should, in future, be adopted by Heads of Departments including Collectors, District Judge and District Magistrates and other subordinate officials in cases where oral instructions are given by superior officers or Ministers in regard to official matters:

(1) A full and accurate record of the instructions given should be kept in the connected files. Such record should be made as soon as possible after the instructions are given and should form a part of the connected papers so as to be available for reference to and information at any later date.

(2) Where oral instructions are of such a nature that they have to be implemented straight away, the officer concerned may take action accordingly, but should submit a detailed report as early as possible to the competent authority for confirmation through the appropriate official channels. If, however, such oral instructions, do not require any immediate action and involve policy or large expenditure the officer who receives such instructions should obtain formal written orders from the competent authority confirming the instructions before carrying out the same.

[Government Memorandum No. 1919/58-1, Public (Services-C), dated 26th April 1958.]

927. **Need for prompt submission of replies to references issued by the Director of Health Services and Family Planning.**—The heads of offices and institutions should promptly reply to references issued by the Director of Health Services and Family Planning. As far as possible, replies to references issued by the Director of Health Services and Family Planning should be sent by return of post in cases where consultation with an outside authority is not necessary. In cases where an officer of the Medical Department or other department or a local authority has to be consulted before sending a reply, replies should be send within five days. The District Medical Officers, etc., should if necessary depute a Junior Assistant from their office to get necessary information from the outside office concerned (if this is located in the same station) in order to avoid any possible delay.

(Surgeon-General's P. No. 9-E, dated 7th January 1942.)

927-A. (1) **Replies to the references received from members of the Legislatures and members of Parliament.—**Special register of important references and D.Os. from the Board, Government and others.— This should be maintained in the Form XVI given under Appendix B in the District Office Manual for watching the submission of prompt replies to important references from the Board and the Government, including demi-official letters from the members of the Board of Revenue, Secretary to the Board of Revenue, Secretaries and Deputy Secretaries to the Government and prominent non-officials. It should be maintained by the Personal Assistants who should personally see that replies to such references, reminders and demi-official letters are sent then and there promptly and demi-official letters are entered in this register should be acknowledged immediately except in cases where the final reply itself could be sent within about a week. In cases where demi-official letters are not immediately acknowledged prompt despatch of the final replies within that period should also be watched by him. The Register should be submitted to Collector daily for his perusal, if he is at headquarters.

NOTE.—So far as the medical department is concerned "For Personal Assistant and Collector" mentioned in the above paragraph "the Officer nominated by the Head of officer and the Head of Department" shall be substituted.

(2) *Code of conduct*

(i) Government servants should show courtesy and consideration to member of Legislature ;

(ii) While they should consider carefully what the legislators may have to say, they should always act according to their own judgement ;

(iii) Every officer should endeavour to help the Legislatures to the extent possible in the discharge of their functions under the constitution. In cases, however, when an officer is unable to accede to the request or suggestion of a member, the reasons for such inability should be courteously explained to this member.

(iv) The District and Sub-divisional Officers have very heavy public duties and responsibilities to shoulder. If they are to function effectively, they should plan out their day's work with some care and adhere to the plan. An officer should feel free to set apart some hour when he can refuse to meet visitors without being considered guilty of discourtesy, lack of consideration and the like.

(v) However he should set apart two to three hours every day when anybody can see him, and within these hours, and also during other office hours in which he is to meet visitors, he must give priority to members of Legislature except when a visitor has come by previous appointment and a member of Legislature has come without an appointment. In such a case, he should see the member of Legislature immediately after he has met the visitor who had come by previous appointment and a member of Legislature has come without an appointment. In such a case, he should see the member of Legislature immediatley after he has met the visitor who had come by previous appointment.

(vi) Any deviation from an appointment made with a member of Legislature must promptly be explained to the member concerned so that the least possible inconvenience is caused to him and a fresh appointment should be fixed in consultation with him.

(vii) When a member of Legislature comes to see him, an officer should rise in his seat to receive the member and to see him off. Small gestures have symbolic value and officers should, therefore be meticulously correct and courteous in their dealings with members of Legislative.

(viii) Similarly, seating arrangements of public functions should receive very carefull attention at all times and no room should be given for any misunderstanding on this score. At State functions arranged by the State Government, the seating arrangements for members of Legislature should be made in accordance with the position assigned to them in the warrant of precedence approved by the Governor.

(ix) Letters received from members of the Legislature should be acknowledged promptly. All such letters should receive carefull consideration and should be responded to at an appropriate level and expeditiously. Officers should furnish to members of Legislature, when asked or such information of statistics relating to matters of local inmportance as are readily available and are not confidential or when the information is not such that its disclosure would be likely to lead to a confidential or when the information is not such that its disclosure would be likely to lead to a controversy embrassing the Government. In doubtful cases, instructions should be taken from a higher authority before refusing the request.

(x) It is desirable that a letter addressed to a Minister should be replied to by the Minister himself. Where, however, this is not convenient or practicable or the reply called for is of a routine nature, it may be issued under the signature of a senior officer of the department, preferably the Secretary of a Department or the head of Department.

(xi) While the official dealings of Government servants with members of Legislature have to be regulated as stated above, it is necessary to invite the attention of Government servants to what is expected of them in their individual capacity in respect of their own greivances in the matter of conditions of service. The Government Servants Conduct Rules bar any attempt to bring any political or outside influence to bear upon any superior authority to further the interests of individual Government servants. A Government servant is not expected to approach a member of Legislature for sponsoring his individual case.

(xii) Members should ask for information only about matters of public interest or national interest in which they are interested in the discharge of their public duties as Legislators.

(xiii) Information should not be gathered to further private interest or for use in Court litigation or for giving other undue advantages to individuals against others. Normally a Government servant approaching a member of Legislature for sponsoring his individual case runs the risk of disciplinary action. Letters received from members of Legislature are dealt with the utmost consideration, but if Government officers take action on a priority basis in cases of

individuals sponsored by members of Legislature, they may be adopting a discriminatory course placing others who may not be fortunate enough to have such support, in a position of disadvantage. In the event of any attempt on the part of any Government servant to solicit their good offices to further his individual interest in Government service, the members of Legislature may, therefore, do well to warn him of likely consequences of his having overstepped the bounds of the Government Servants Conduct Rules.

(xiv) It is obviously not desirable that requests should be made for intervention of officers in investigation of criminal cases, for issue of fire arms licences and for grant of permits and licences to particular individuals. Nor should requests be made on behalf of individual officers in matter like promotion, transfer, disciplinary proceedings, etc.

(xv) Instances of delay, injustice and the like in individual cases may be brought to the notice of the district officer or other similar officers with the request that they should look into the matter. In such cases, the officer should listen to all points of view with patience, but he must obviously take a decision according to his own best judgment. As and when he does so, it would not be fair to accuse him of partisonship or even of insensitivity to the view of an accredited representative of the people.

[Govt. Memo. No. 4069/58-1, Public (Services-C), dated 21st August 1958]

Govt. Memo. 4349/68-2, Public (Services-A), dated 17th September 1968,]

G.O. Ms. No. 976, Public (Services-A), dated 24th May 1969 and

Govt. Memo. No. 6825, Public (Services-A), dated 14th December 1960.]

928. **Correspondence—Instructions regarding the use of the term ' Scheduled Castes, etc. '—** The turn " Scheduled Castes ", " Scheduled Tribes " and " Backward Classes " shall be used only in the sense indicated below—

(1) Scheduled Castes denotes communities mentioned in Part A of Scheduled II to Part I of the Tamil Nadu State and Subordinate Services Rules in Volume I of the Tamil Nadu Services Manual.

(2) Scheduled Tribes, denotes the communities mentioned in Part B of Scheduled II to Part I of the Tamil Nadu State and Subordinate Service Rules in Volume I of the Tamil Nadu Services Manual.

(3) Backward Classes, means the communities mentioned in Scheduled I to Part I of the Tamil Nadu State and Subordinate Services Rules in Volume I of the Tamil Nadu Services Manual.

(4) Depressed classes.—This terms was originally intended to denote the communities eligible for the ameliorative measures undertaken by the Labour department, as the use of this term has been prohibited, it should not be used in any official correspondence. The communities mentioned in the annexure to G.O. No. 2601, L., dated 4th December 1935, as amended from time to time, shall be known as communities eligible for help by the Labour Department.

[G.Os. No. 2019, Development, dated 26th August 1940,
No. 577, Public (Services), dated 9th March 1951 and
Surgeon-General's P.No. 137-E1, dated 20th June 1951.]

929. **Names of Harijan—Use of Suffix " ayya " for " du ".**—The suffix " du " should not be added to the names of members of scheduled castes, especially of those belonging to the Harijan community, but instead, the suffix " ayya " should be used in all official correspondence.

[G.O. No. 2213, Public (Elections), dated 18th November 1937
Government Memorandum No. 6383/47-1, Public (Elections), dated 8th January 1948
and Surgeon-General's P.No. 51-G, dated 18th February 1948.]

930. **' Thailand ', ' Thai ', ' Iran ', and ' Iranian '—Use in official correspondence.**—(1) ' Siam ' and ' Siamese ' shall invariably be used on all occasions in place of ' Thailand ' and ' Thai '.

(2) ' Iran ' and ' Iranian ' are the terms to be employed in treaties, white papers, orders-in-councils, statutory rules and orders, gazette notifications, etc., but in official correspondence other than communications addressed to the Persian Government and their diplomatic or consular representatives, ' Persia ' and ' Persian ' shall be used.

[G.O. No. 2634, Public (Political), dated 27th August 1942 and
Surgeon-General's P.No. 268-H, dated 14th October 1942.]

931. **Lands—Use of the words "placed at the disposal of" for "alienated".**—When a land is placed at the disposal of a person an institution or a local body subject to conditions which impose restraints on the transfer of the land by the grantee or which provide for the resumption of the land under specified circumstances, the land should be referred to as being 'placed at the disposal' of the person, institution or local body, as the case may be, and not as being "alienated". The words "alienation" and "alienated" should not be used to denote such transactions.

(G.O. No. 1314, Revenue, dated 16th May 1953.)

931-A. **Procedure to be followed for transfer of lands from one of department to another department.**—(i) Selection of site.—Whenever a District head of a certain department selects a site at the disposal of any other department, he may immediately arrange in consultation with the Collector for a joint inspection with his opposite members (not below the divisional level) of the occupying departments and the Revenue Divisional Officer concerned. They could make a joint inspection and arrive at a decision then and there, subject to course, to ratification by the superior officers of the departments. If the officers making the inspection are themselves not the District heads, the decision arrived at could be reported to the District heads, though in most case the officer doing the initial joint inspection may be a district head for example like the District Forest Officer. The necessity for an approval at that level would then be obviated. If there is unanimity of opinion, the problem can be solved. If there is no agreement, an attempt may be made to arrive at an agreement failing which a report may be made simultaneously to the Heads of Departments concerned including the Board of Revenue. The Board of Revenue will then arrange for a discussion with the Heads of occupying departments and the Director of Agriculture and try to come to an agreement. If necessary, a joint inspection by the Heads of Departments including the Commissioner of Land Revenue will be made and a report sent to Government by the Board of Revenue (Land Revenue). Ultimately, when the case reaches the Government the opinion of all the Heads of Departments will be before them, and the Government can straightaway take a decision without further correspondence on the materials placed before them. This procedure is to be adopted in all cases for the transfer of land from one department to another.

(ii) Powers to sanction the transfer of lands.—The Government have empowered the Collectors and the Board of Revenue to sanction the transfer of land from one department to another except in cases where two or more Departments apply for the same land, subject to the following limits :—

(i) Collectors	Up to 10 acres of land in extent and not exceeding Rs. 50,000 in value.
(ii) Board of Revenue	Not exceeding Rs. 2 lakhs without any limit of extent.

The collectors will permit any department to enter upon the land in anticipation of sanction without any restriction. In the excepted cases, proposals should be submitted to Government for sanction.

The cases of transfers of land to Central Government Departments should also be submitted to Government for sanction.

(iii) Classification after transfer.—When the lands are transferred from one department of the Government to another, the classification should be in the name of the department concerned. The purpose, viz., Village Pottery Industries, etc., should also be noted to facilitate easy reference. In this connection, the distinction between the grant of lands to private bodies, co-operative societies, and local bodies under B.S.O. 24 on the one hand and the transfer of land to a Government Department on the other should be maintained.

(iv) Collection of land value.—Land value should be collected in case of transfer of lands between two departments, atleast one of which is a Commercial department and no land value should be collected in cases of transfer from one Service Department to another Service Department.

(v) Collection of tree value.—The value of the trees standing on the lands to be transferred to any Department for any purpose should be collected whether the department is commercial or not and whether the purpose is remunerative or not.

(vi) Consultation with the Panchayats.—Poramboke which are statutorily vested in the Panchayats should be withdrawn from the control of the Panchayats before the transfer of lands in exercise of the powers conferred in the Tamil Nadu Panchayat Act, 1958. Panchayats should be consulted in respect of Public lands whether registered as poramboke or assessed waste or unassessed waste which are either vested in them or entrusted to them for tree plantation and use regulation. The Panchayats will not, however, have a veto in the matter.

(Govt. Memo. No. 69551/A3/73-2, Revenue, Dept., dated 3rd January 1974.)

932. **Form of Address—Honorifics—Use of Thiru, etc.**—(1) In all official correspondence and Government records only the following honorifics should be prefixed to the names of Indian Nationals, men and women irrespective of race or religion of the person concerned.

For men	'Thiru'
For women, if married	'Thirumathi'
For women, if unmarried	'Selvi'

[G.O. No. 1069, Public (General-M) Department, dated 24th April 1967.]

(2) When more than one person is referred to, the following plural forms (for men and women respectively) should be prefixed to the names of Indian Nationals, in official correspondence and Government records).

Honorifics.	*Plural forms.*
Thiru (திரு)	Thiruvalargal (திருவாளர்கள்)
Thirumathi (திருமதி)	Thirumathiyar (திருமதியர்)
Selvi (செல்வி)	Selviar (செல்வியர்)

In addressing companies, firms, etc., the plain honorific 'Thiru' should be used in the place of 'Sri' or 'Messrs.' formerly in uses, such as Thiru Kalyan and Company, etc.

[G.O. No. 1840, Public (General-M) Department, dated 18th August 1967.]

933. **Use of the courtesy title 'Dr.' in the case of Medical men permitted.**—Notwithstanding anything contained in the preceding paragraph, in all official correspondence, medical practitioners of the modern system of medicines (except those who hold military rank) whether in the service of Government or otherwise shall be addressed by the courtesy title of 'Dr.' before their names and with their degrees, licences and service (in the case of Government Medical Officers) added at the end, e.g.

"Dr. M.B.B.S., Tamil Nadu Medical Service.

Dr. L.M.P., Tamil Nadu Medical Services".

The above orders apply also to all Health Officers in the Tamil Nadu Public Health Department.

[G.O. No. 1758, Public (Political), dated 29th June 1943],
Government Memorandum No. 31001/43-3, E1, P.H., dated 12th November 1943.
G.O. No. 1040, Public Health, dated 12th April 1944 and Surgeon-General's P. No. 182-E1, dated 7th July 1943.]

934. **Form of salutation of demi-official correspondence and in conversation.**—(1) The following instructions shall govern the use of the appropriate form of salutation in demi-official correspondence and in conversation:—

(i) Between the members of any of the All-India Services such as the I.C.S., I.A.S., I.P.S., I.A. and A.S., I.F.S., Indian Services of Engineers, etc., a junior member should use the form "Dear Thiru A. " or "Dear Mr. A. " in addressing a member of the same service who is senior to him by ten years or more. He may use the form "My Dear A. " in addressing others.

(ii) A member of any of the All-India Services such as the I.C.S., I.A.S., etc., should address a member of any other such All India Service by the form "Dear Thiru A. " or "Dear Mr. A. ". If there is a difference of ten years or more of service between them ; in other cases, the form 'My Dear' may be used.

(iii) Gazetted members of the State services may use the form " Dear Thiru A. or " Dear Mr. A. " in addressing member of the All India Services, who may be their colleague or who enjoys the same or similar official status as themselves in other cases, where they have to address a member of the All India Service, it would be appropriate for them to use the form " Dear Sir ".

(iv) As between members of State Services, they may appropriately observe the convention followed by All India services as laid down in instructions (i) and (ii) above.

(v) The Collector as Head of the District can address all officers in the district or even Regional Officers stationed in the headquarters by the form ' My dear A. " irrespective of their seniority. In addressing the District Collectors, members of the State Services having jurisdiction over a district of part of a district should use the form " Dear Sir " Regional officers of the State Services having jurisdiction over one or more districts like Superintending Engineers or Conservators of Forests should also use the form " Dear Thiru A. "

(2) In interviews and conversations with senior officials, the term " Sir " should generally be used in greeting Ministers and high officials, in taking leave of them and in taking any instructions or orders from them. The following instructions should be observed in this connection :—

(i) The term " Sir " is appropriate when members of All India Services address any member of the same service who is senior to him by ten years or more.

(ii) The term " Sir " will be appropriate when members of the All India Service, other than the I.C.S. and I.A.S., address members of the I.C.S. and I.A.S., if there is a difference of ten or more years of service between them.

(iii) The term " Sir " will be appropriate when members of the State Services address members of the All India Services who are not their colleagues or who do not enjoy the same or similar official status as themselves.

[Government Memorandum No. 4498/52-3, Public (Services), dated 31st March 1953.]

935. **Official documents—Authentication.**—(1) According to the instructions contained in Board's Standing Order 163(7), official documents should be signed in a uniform and legible manner and public officers should adopt an intelligible signature. Communications with illegible signatures may be returned to the sender for resubmission in the proper form.

(2) When it is necessary to add a date to initials or to signature, the year, as well as the date and month should be shown. This rule applies to all grades of officials and also to cases in which the date without initials is required, such as dates of receipt, despatch circulation, return from circulation, etc.

936. **Authentication of replies to demi-official letters received from Government.**—Final replies to all demy official letters received Non-Government by the Head of Department should invariably be sent by the Head of the Department concerned, the communications been signed by himself. There is however no objection to interim replies being sent by the deputy or any assistant to the Head of a Department.

[Government Memorandum No. 1922-52-1, Public (Services-C), dated 26th April 1952.]

937. **Authentication of enclosures to letters addressed to Government.**—(1) Fair copies of all enclosures to letters and other communications addressed to the Government should be authenticated by a responsible official of the Department or Office concerned.

(2) Enclosures to communications issued by the Government will be authenticated by the Superintendent of the Department concerned.

[G.O. No. 2552, Public (Elections), dated 7th September 1943,
Government Memorandum No. 1442/45-1, Public (Miscellaneous), dated 1st October 1945,
Surgeon-Generals P. No. 410-G, dated 10th November 1945 and
Surgeon-General P.No. 148-Accounts, dated 20th September 1943.]

938. **Office procedure ending of official correspondence.**—All letters whether addressed to officials within or outside the State or to members of the public should end with the words " Yours faithfully".

[G.O. No. 1520, Public (General-B), dated 24th June 1948 and
Surgeon-General's P.No. 122-E-1, dated 3rd July 1948.]

939. **Indication of signatory's officiating status—Unnecessary.**—The term " officiating " has no relation to any statute under which powers are exercised and for the purpose of a statute an officer either is or is not the person lawfully appointed to hold a certain post ; there is no intermediate stage of responsibility. The above term has a significance only for certain account or service rules which may affect the officer personally, but has nothing to do with his statutory duties. It is therefore unnecessary and in fact misleading to attach it to his official duties.

[G.O. No. 1582, Public (Services), dated 23rd August 1937.]

940. **Procedure for dealing with confidential correspondences.**—All confidential correspondences shall be dealt with by the head of the office or the head of the medical institution concerned. Confidential letters should not be signed by Lay Secretaries. All confidential letters intended for despatch to other officers should be sealed in the presence of the head of the office of the institution and franked by him or by gazetted officer deputed by him. Confidential letters should not be sent from office to another in sealed covers franked by a member of the ministerial staff.

(Surgeon-General's P.No. 53-E-3, dated 16th March 1951.)

941. **Supervision and inspection of work of subordinate officers by superior officers.**—The supervision and inspection of the work of subordinate officers should be done frequently and occasionally it should also be without previous notice. Superior officers, during their visit to the offices of their subordinates should carefully scrutinize the judicial and executive orders issued by the letter and if those orders appear to them to have been passed on improper grounds, they should go into the matter specifically and take necessary action. Heads of the departments should see that the above procedure is followed by the officers in their respective departments.

[G.O. 1555, Public (Services, dated), 28th June 1948 and
Surgeon-General's P. No. 140-E-1, dated 27th July 1948.]

942. **Publication of Government Advertisements—Instructions.**—(i) When it is found necessary to initiate an advertisement, either casual or serial, the officer authorised to release advertisements should, after securing the necessary financial sanction, send up the matter to the Government in the Public (I. and P.R.) Department with particulars regarding the number of insertions to be given and the area to be covered by the advertisement. He may also suggest the names of the newspapers are in which the advertisements are to be released for the consideration of the Government.

(ii) The officer should send as many copies of the advertisement matter as are required for despatch to the required newspapers plus one copy for the use of the I. and P.R. Department, well in advance of the date fixed for the publication of the advertisement in the newspaper. To avoid double publication, it should be ensured that only one copy of the letter with released instructions is sent to the I. and P.R. Department. Advance copies of letters should not be sent to that Department. The Advertisement matter should be typed or neatly written in ink. Copies made out with carbon, which are not legible are liable to be returned. The I. and P.R. Department will release the advertisements to the press either direct or through one of the Advertising Agencies in the Government panel.

(iii) On top of the advertisement, the words "Government of Tamil Nadu" should be inscribed and below that the name of the advertising departments may be given. The designation of the officer issuing the advertisement and the address with the PIN Code can be given at the bottom of the advertisement.

(iv) In advertisements involving the preparation of designs and blocks, the advertising officer may utilise the services of the Advertising Agencies in the approved panel of the Government.

(v) The press or the Advertising Agency, as the case may be, will be directed to collect the advertisement charges from the Advertising Officer direct and it will be the responsibility of this officer to watch the publication of the advertisement and to settle the bill. As an Advertising agency gets only a total of 75 days time to settle the bills, the Advertising Officer should take prompt action to settle the bills.

(vi) If an officer wishes to advertise in anticipation of financial sanction, he may send such advertisements to the Public (I. and P.R.) Department, but it will be at his own responsibility.

[G.O. Ms. No. 2558, P.W. (I. and P.), dated 16th July 1948, G.O. Ms. No. 1071, Public (I. and P.R.), dated 19th April 1972, Government Letter No. 13181/GP/74-2, Public (I. and P.R.), dated 18th March 1974 Government Letter No. 3802, Public (I and P.R.), dated 1st December 1975.]

NOTE.—"The Government have issued orders that the Heads of Medical Institutions not lower in rank than Civil Surgeons and the District Medical Officers be delegated with powers to incur expenditure on payment of classfied advertisement charges at the rates approved and communicated by the Director of Information and Publicity, Madras without any monetary limit subject to the existance of Budget Provisions."

943. **Instructions for sending telegrams.**—(1) Strict economy should be exercised in regard to telegraphic communications. In these days of air services particularly, it should be an absolutes rule that everything should be sent by air, unless there is obvious need for urgency. It has to be realised that long telegrams in code, to a place connected by air service in India probably takes as much, if not more, time than an air mail letter, because of the time taken in coding and decoding. A telegram must never be sent unless it is absolutely necessary. Urgent telegram should never be sent when an ordinary telegram would suffice. In drafting telegram, great care must be taken to exclude all matter that is not essential, and to make the telegram as brief as possible, consistent with intelligibility. Detailed instructions forthe issue of telegraphic communications are contained in item 12 of the Appendix VII to the Tamil Nadu Financial Code, Volume II

(2) The Director of Health Services and Family Planning is authorised to issue—

(i) Inland telegrams of the categories : (*a*) Priority, (*b*) Express and (*c*) Oridinary.

(ii) Foreign telegrams of the categories : (*a*) Important, (*b*) Ordinary and (*c*) without priority.

(3) The use of unregistered abbreviated addresses is contrary to the Indian Telegraph Rules and such telegrams are liable to be withheld from delivery. Abbreviated telegraphic addresses should not be therefore used in telegrams unless such addresses have been registered at the respective telegraphic offices.

(G.O.s No. 699, Public dated 4th October 1924 and
No. 1028, Public Health, dated 3rd December 1928
Government Endorsement No. 83091-D-3,49-1, Public,Health dated 15th November 1949
and Government Memorandum No. 11-3/47-2, dated 1st February 1947).

944. **Telephone communications—Verification of authenticity.**—All officers are warned against acting on messages received on the telephone unless and until the authenticity of the message has been verified, especially when the message is received otherwise than directly from the officer whose message it purports to be. An effective method of verification would be for an officer receiving a message on the telephone to ring off after the message is taken down and then ring up again the number of the officer whose message it purports to be and verify from him directly whether the message is really his—a procedure followed by the Post Office in accepting "phonograms".

(G.O. No. 852, Public (Services), dated 29th May 1939.)

945. **Service postage stamps—Use of.**—(1) Service postage stamps should be used only for prepaing postage on communications which are bonafide on Indian Government Service and for meeting other charges payable to the Post Office for which service postage stamps are accepted. They may also be used by a body or bodies included in the list in rule 354 of the Indian Posts and Telegraph Guide. A Government servant who is associated with any public body not included in that list should, as required by rule 355 of the same guide, take care that service postage stamps are not used on any communication issued by him on behalf of that body.

(2) A Government servant should pay for any service postage stamps for which he indents on the treasury by means of an adjustment bill or a cheque and not in cash. No chalan is therefore necessary in respect of a payment by a Government servant for postage stamps. This procedure should also be followed when the treasury is one which transacts its cash business through the Bank.

(3) A Government servant should not make any payment direct into the bank for or the purpose of purchasing service postage stamps. The treasury should not give any receipt for a payment made for service postage stamps by transfer in the accounts.

(4) Detailed instructions for the use of service postage stamps are given in item 52 of Appendix 7 of the Tamil Nadu Financial Code, Volume II.

(5) Stamps of higher denominations should always be used in making up postage charges. It is very important that the number of postage stamps to be affixed should be minimised by using stamps of the highest possible denomination in each case instead of a large number of stamps of low value. Apart from the needless expenditure which is incurred on account of manufacturing charges, the practice of prepaying postage by means of many stamps of low value, when a relatively small number of higher denomination would suffice is open to serious objection from a postal point of view. Some of the numerous stamps affixed may escape obliteration and may afterwards be used improperly, while the necessity of obliterating such stamps impose a vexatious and unnecessarty burden on the postal officials. It is also difficult for these official to check, with rapidity, which is essential in practice, the adequacy of the stamps affixed. Further if a large space is covered by stamps, it become impracticable to remove them to cut open the parcel and abstract its contents and to replace the stamps in such manner as to conceal the injury to the cover.

(6) The above instructions should be carefully observed.

(Article 119 of the Tamil Nadu Financial Code, Volume I,

Government Memorandum No. 254, dated 12th November 1949 and

Surgeon-General's P. No. 231-A-1, dated 29th November 1949.)

946. **Despatch of communications—Instructions.**—(i) Before despatch, the papers should be tagged together in the usual way in a single file arranged with the fair copy on the top and beneath it any enclosures, statements etc., that are to accompany it. Papers will be folded once lengthwise (except communications consisting of a single sheet of foolscap which may be folded twice breadthwise) and put into the smallest envelope that will conveniently hold them when so folded. Enclosures such as maps, sketches and plans which cannot be easily folded in book form or are liable to be damaged by folding, should be detached from the file and sent separately.

(ii) Envelopes—Sizes, etc.,—All letters, etc., which have to be sent to the same address on the same day sould, as far as possible be collected together and sent in a single envelope, or in the smallest number of envelopes that will contain them all. Confidential papers must be place in double envelopes the inner alone sealed marked "Confidential" and superscribed with the addresses name and the outer one bearing the official designation and the address of the Officer for whom it is intended. All urgent communication to Government' etc., should be marked "Urgent" in red ink on the envelope as well as on the communication itself. Letters, etc., to be sent by post must be weighed and properly stamped. It should noted that under clause 352(c) in section IX of the Indian Post and Telegraph Guide, every official postal article should bear on its lower left and corner the signature and official designation of the officer who despatches the article and that under clause 352(c) service stamps affixed to such an article which is not supported by the signature and official designation of the sender will, not be recognised by the Post Office in payment of postage.

(iii) Valuables.—Valuable documents, etc., intended for despatch be properly packed and secured against injury or damp during transit. A certificate of posting will be obtained for each letter or packet containing valuables, unless, it is sent by registered post. Such certificate and receipts for registered letters, etc., shall be carefully filed.

(iv) All books, forms, returns, etc., should be sent by packet post with a view to economise postage on them.

(v) Letters of packets containing confidential of secret papers should invariably be sent by registered post and those containing secret papers shoud also be sent, "acknowledgment due".

(vi) All heads of offices and institutions both in the city and in the muafssal should spread their posting of letters and other articles in post offices over the whole day to avoid the pressure of work at the last minute before the final clearance of the main and the possible risk of misconnection with the despatches made.

(vii) The presentation of articles for registration and insurance and money orders for issue at the counters of post offices should also be spread throughout the day instead of at the last minute before the closure of the counters for these transactions.

[G.O. Ms. No. 991, Home, dated 11th August 1917.

Circular Memorandum No. 13113-1, Public (Services), dated 13th May 1937,

Surgeon-General's Circular P. No. 122-A, dated 19th May 1937,

Government Memorandum No. 236, Public (Services), dated 18th October 1949 and

Government Memorandum No. 1619/50-1, dated 5th May 1950.]

947. **Waste paper—Instructions for disposal.**—Waste papers accumulating in Government offices in the State of Tamil Nadu should be disposal of in accordance with the instructions issued by Government in this behalf from time to time.

(G.O. No. 653, P.W., dated 2nnd February 1955.)

Section 2.

MEMORIALS.

948. **Procedure for the submission of petitions to Government.**—The instructions issued by the Government of Tamil Nadu regarding submission and receipt of petitions and other papers of the same class addressed to Government are given in Appendix XXIIII.

949. **Petitions and memorials—Submissions of advance copies to higher authorities.**—(1) All communications to Government from Government Servants should be addressed to the Secretary to Government in the department concerned, and submitted through the proper channel. No. appeal, memorial, petition or other representation or advance copies thereof should be addressed to the Minister. Under supplementary rule 4 in the Appendix to the Government Servants' Conduct Rules, 1960, no Government Servant shall make representations to Ministrs direct or send direct to Mninister advance copies of such representations made by him to the Government through the proper Official channel. A breach of this general principles may be held to be a good and sufficient cause for the imposition of any of the prescribed penalties.

2. There is however no provision in the Government Servants' Conduct Rules specifically prohibiting Government servants from submitting to Government (i.e., the Secretary to Government in the department concerned) advance copies of any representations relating to their service conditions. On the other hand, sending of advance copies of representations to a higher authority in such cases is normal and a recognized practice and there is nothing in it which is contracy to official propriety and procedure.

[G.O. No. 2217, Public (Services), dated 18th November 1937

Government Memorandum No. 952/50-1, Public (Services-C), dated 21st March 1950 and

Surgeon-General's P. No. 56-E-1-50, dated 8th April 1950.]

(3) Any person having cause for complaint should in the first instance seek redress from the local authority. If disssatisfie with the decision of sch authority, the petitioner may address the superior authority by which such local authority is controlled and it is only if the orders passed by the controlling authority are considered unsatisfactory that the Government need be approached Petitions may also address the Government in cases where there is no such controlling authority. Petitions intended for the Government should be addressed to the Secretary to Government in the department concerned and not to the Minister in charge of the particular department

(4) The Government will receive petitions only from principles. Petitions running in the name of a pleader or agent will receive no attention. Representations made by members of the Legislature on behalf of and at the request of the people within their respective constituencies will however be recived by the District Officers concerned and disposed with absolute regard to the merit of each case. Anonymous petitions will be totally disregarded.

[Press Communique No. 39, dated 3rd September 1946,

Surgeon-General's Circular P. No. 224-E,-1, dated 9th September 1946 and

G.O. No. 2432, Public (Elections), dated 28th October 1952].

950 Memorials and petitions to the Governor of Tamil Nadu Submission of personal files of appellants or memorialists—Instructions for— While submitting appels and memorailists addressed to the Governor of Tamil Nadu by persons who are or were in the service of Government in repect of matters affecting them as Government servants, heads of departments should invariably send along with the records the personal fileds of the applicant's or memorialists.

[G.O. No. 2866, Public (Elections), dated 29th September 1944 and
Surgeon-General's P. No. 247-E-1, dated 5th October 1944.]

CHAPTER XXVII.

STATISTICS OF CIVIL HOSPITALS AND DISPENSARIES.

Section 1.

STATISTICS OF HOSPITALS.

951. **Annual returns for the report on Civil hospitals and dispensaries.**—(1) The annual report on Civil hospi als and dispensaries is maintained in the following forms of statements prescribed for the purpose:—

Statement A.—Showing the number of civil hospitals and dispensaries in the State during the year, with two appendices, namely:—

(1) **Appendix (i)** showing the names of hospitals and dispensaries opened during the year in the rurals areas only; and

(2) **Appendix (ii)** showing the names of hospitals and dispensaries closed during the year in the rural areas only.

Statement A-1- Showing specialist services institutions in the State during the year (including hospi als dispensaries, clinics, etc.).

Statement B.—Shoewing the distribution of medical personnel in the State during the year

Statement C.—Showing the number of in-door and out-door patients treated in the State-public, local body, private-aided hospitals and dispensaries and subsidized rural, dispensariee of the State during the year with information regarding the "average duration" of illness of men, women and children.

Note.—The "average duration" referred to above is simply obtained by dividing total in patiency attendance in the year by the total number of in-patient. This definition of "Average duration" should be appended to the statement as a foot-note.

Statement D.—Showing the number of beds, number of in-door and out-patients and geographical distribution of infectious and other diseases treated in all classes of medical institutions in the State during the year.

Note.—In Statement D, the diseases for which figures are shown should be in accordance with list given in Annexure I—This list is based on the International List (with the addition of certain disease the which a peculiar interest in India).

Statement D.1—Showing the age and sex distribution of in-patients suffering from "important diseases" treated during the year.

Note.—The term "Important diseases" may be held to include (1) Tuberculosis, Pulmonary other form (2) Syphilis, (3) Gonococcal infection, (4) Typhoid, (5) Infections hepatitis, (6) Malignant neoplasm, (7) Mental deficiency (8) Trachoma, (9) Cataract, (10) Glucoma, (11) Ulcer of stomach and duodenum, (12) Appendicitis, (13) Gastroenteitis and colitis, (14) Cirrhosis of liver and (15) Calculi of Urinary system.

Further additions to this statement may be made in accordance with the requirements of the World Health Organisation Regulations.

Statement DL—Showing the patients treated for leprosy in leprosy Institutions and special wards of General hospitals.

Statement DT.—Showing the patients treated for tuberculosis in Tuberculosis Institutions and special wards of General hospitals.

Statement DV.—Showing the patients treated for venereal diseases in vinereal hospitals and special venereal wards in General hospitals.

Statement DE.—Showing the patients treated for eye diseases in special eye hospitals and in eye wards of General hospitals.

Statement DD.—Showing the patients treated for dental diseases in special dental hospitals and special wards in General hospitals.

Statement DN.—Showing the patients treated for diseases of ear, nose and throat in special hospitals or wards in General hospitals.

Statement DM.—Showing the patients treated for deliveries and complications of pregnancy child birth and the puerperium in the maternity hospitals and maternity wards in General hospitals

Statement E.—Showing the surgical operations performed in the state-public, local body and private aided hospitals and dispensaries in the State during the year.

NOTE.—The list of operations for which data should be furnished in Statement E are given in Annexure II.

Statement F.—Showing the income and expenditure of State-public, local body and private aided hospitals and dispensaries in the State during the year.

Statement G.—Showing the account of invested capital of the hospitals and dispensaries during the year.

(2) In compiling the figures for the statements mentioned above, only those diseases which are given in Annexure I and the operations which are given in Annexure II should be recognized and the instructions given at the foot of the statements should be followed. Medical Officers in charge of rural dispensaries should also furnish the required particulars for the annual report —*see* paragraph 412 (3).

952. **Preparation and submission of manuscript report on civil hospitals and dispensaries—Instructions**.—As the administration report is a document which will be read by the public and utilized for questions and debates in the Legislature, great care should be exercised in drafting the report. Report proper on the civil hospitals and dispensaries of modern medicine in manuscript should be submitted by the Director of Health Services and Family Planning for approval of Government before it is printed. The statistical statements which form appendices to the manuscript report may, however, be got printed in advance by the Director of Health Services and Family Planning without the specific approval of Government.

(G.O. Ms. No. 3282, Health, dated 19th September 1950 and Surgeon-General's P. No. 94-G-2/50, dated 5th March 1951.)

953. **Maintenance of suitable standard registers in connection with Annual statements.**—The following instructions should be observed for the maintenance of suitable standard registers in connection with Statements C, D and E at the individual institutions :—

(1) **Statement C.**—The necesssary figures which need be tabulated daily for Statement C are indicated in Annexure III; other items required to be supplied at the end of a year can be derived.

(2) **Statement D.**—(i) For Statement D, it is desirable to maintain the figures for in-door and out-door patients separately. Maintenance of the necessary records is illustrated with reference to in-patients but it would be more or less the same in the case of out-patients.

(ii) In order to classify the cases treated by diseases, it would be desirable to put down against each case the serial code number for the disease in Statement D. This modification would be easier if a strictly alphabetical list of diseases giving its code number is locally prepared for the cross-reference. Analysis of data by diseases can then be done on the "Daily Working Sheet" a specimen of which is given in Annexure IV. The advantage in this arrangement is that the diseases are properly coded at first and that all cases can be analysed on one sheet obviating the necessity of turning over pages. The day's figure of the various diseases treated can be posted in a register showing the list of 150 diseases vertically. Periodical totals, monthly or quarterly, can be struck as and when necessary.

(3) **Statement D-1.**—In patients have also to be analysed by sex and age for the purpose of Statement D-1. The *proforma* prescribed for Statement D-1 will be quite suitable for being adopted as "Daily Working Sheet". The special point is that in addition to the age and sex, analysis of all causes combined, causes of a few diseases have also to be analysed separately by sex and age and to remined about this requirement, code number of such diseases has been bracketed in the daily working sheet referred to above. Thus, when there is case of such a disease the analysis sheet for age and sex should also be filled up.

(4) **Statement E.**—Similar arrangements for Statement E showing operations performed as explained above may be made.

(5) *Other Statements.*—Detailed **instructions in connection** with other statements are not **necessary.**

954. **Preparation of Annual Return.**—In all institutions, preparations for making the annual returns should be carried out systematically ; with this view, copies of each of the annual Statements, C, D, D-1, DL, DT, DV, DE, DD, DN, DM, F and G should be prepared in February or January and completed monthly, one form of each being used and sub-divided for the twelve months. The following general instructions are laid down for the registration of out-patients and in-patients and operations :—

(*a*) *Out-patients.*—(i) Out-patients should be registered in M.F. 1—11 and 12 which is supplied in books of 200 or 100 pages. Only those patients who have attended the dispensary either personally or under exceptional circumstances by proxy should be shown in the daily register of sick. A patient who is given a supply of medicines for more than a day should not be counted on the days he does not attend. *See* also paragraph 257.

(ii) *Deleted.*

(*b*) *In-patients.*—(i) In all hospitals nominal registers in the form of books (Medical Form 1—13 or 14) should be kept. In special hospitals, when necessary, additional columns can be added. Books in Medical Forms 21 and 22 should be maintained in hospitals where the average daily sick is above 50. In those hospitals, where the average daily sick is below 50, the book should be kept in manuscript and carefully filled in daily.

(ii) When a patient admitted for one disease is attacked by another unconnected with the former and before recovery from it a fresh admission should be recorded for the second disease and "discharged otherwise" for the first a note referring to the new number being entered in the remarks column.

(iii) When a patient suffering from two diseases at the same time is admitted, the case will be shown for the more serious one ; should the second disease remain after the recovery from the first, and patient should be discharged "cured" and re-admitted for the second disease.

(iv) In the case of a patient admitted for a disease which on further observation or *post-mortem* examination may prove to have been so entered through an error in diagnosis, the entry should be scored out and the correct disease entered in red ink, so that the case may continue under the original number and only one admission be reckoned for it.

(v) Cases should only be returned as "cured" when the cause of disease has been removed and recovery has taken place ; as "relieved" where only symptoms have been relieved. All others should be entered as "discharged otherwise".

(vi) No admission should appear in any annual return, as "Not yet diagnosed", as sufficient time will always have elapsed between the date of admission and the completion of the annual return, to ascertain the disease with exactness or to class the case as one of "No appreciable disease" should observation justify the use of this term.

(*c*) *Operations.*—(i) All surgical operations will be shown under the headings of the diseases which necessitated the operations in the books (M.F.1—15 and 16) a note being made in the remarks column showing the date or dates of the operation or operations.

(ii) Operation registers should be kept in the prescribed form and all operations without any distinction of major or minor should be registered continuously. All operations, irrespective of the status of the medical officer who performed them, should appear in Statement E. In classifying operations, the language and sequence followed in Annexure II should invariably be adopted.

(iii) Certain operations frequently necessary are not specifically provided for in Annexure II. Such operations shall be included in the statement under the appropriate group heading, the name in each case being preceded by an asterisk.

(iv) One operation will, as a rule, represent one patient. But where more than one operation is necessary for the relief of any condition, or where multiple operations become necessary, as in accidents, the number of operations performed (column 6 of Statement E) should not be allowed to obscure the number of patients operated on (column 7) ; and the results in columns 8 to 12 should be equal to the numbers shown in columns 3 and 7.

(v) A second operation performed on a patient, when the first is surgically cured, necessitates a fresh admission of the patient ; but when two or more operations each separate and distinct are performed on one individual at the same time, or before the result of any one of them

can be tabulated, the patient's admission should be reckoned only under the first or main operation, and subsequent operations should be tabulated in columns 5 and 6 of the statement without inclusion in the other columns of the figures.

(vi) (1) The following operations should be omitted from Statement E of the Hospital Statistics :—

Vaccination (shown in vaccination reports) passing of cathaters and introduction of seton, hypodermic injection, removal of wax from the ear and cupping.

(2) Operations shall be named in accordance with the list given in Annexure II. No synonym shall be used when the official name sufficiently describes the operation, and slight modifications of a standard operation, though registered as such for clinical purposes, should find no separate place in the statistical returns.

(3) When an operation can be performed for more than one condition, e.g., linear scrafication of the skin, its performance for each condition shall be tabulated separately.

(4) When two major operations are performed at one sitting, viz., Hernia and Hydrocele, Haematocale and Hernia, etc., the two may be written under two operations but the steps of a major operation should not be written under separate operations, e.g., in the case of a cataract operation, corneal section, Ididectomy, Capsulotomy and removal of lens should not be shown separately as all these steps come under one major operations " Removal of lens for cataract ".

955. Classification of diseases.—I. When entering the names of diseases in the books, the terms used in Statement D of the last annual returns may be adhered to, unless instructions, to the contrary are received in the meantime. In hospitals where greater accuracy is advisable, the exact disease diagnosed according to the terms in Annexure I can be written below them.

II. The following further instructions regarding the classification of diseases should also be noted:—

(i) *General diseases.*—The local manifestation of general diseases, e.g., structure of urethra consequent on gonorrhoea, iritis due to syphilis, pulmonary, affections due to tubercle, and enlargement of a spleen in malarial fevers, should always be returned under the general heading and an explanatory note of the local ailment should be entered in the remarks column in the 'in and out-patients' nominal register.

(ii) *Name of symptoms to be avoided.*—Similarly, when case is shown under the heading "Jaundice" "Diarrhoea", "Colic", "Ascites", "Paralysis", "Dyspesia" "Palpitation", etc., which are the names of symptomas, not of diseases an explanatory note should be attached in the remarks column of the nominal register.

(iii) *Confinement cases.*—Confinement cases treated or attended to in hospital and elsewhere by the medical staff and maternity assistants should be entered in the nominal register as "Normal labour" or "Abnormal labour" for tabulation in columns 141 and 142 of Statement D of the Annual returns. Cases attended by maternity assistants should also be seperately registered as indicated in paragraph 65.

(iv) *Lolcal Injuries.*—Local injuries should be grouped under the general head as contusions, fractures, wounds scalp wounds, gun-short wounds, sprains, dislocations, etc., without specifying the parts affected.

(v) *Suicide.*—In cases of suicide or self-inflicted injurirs with suicidal intent, a note should be made in the remarks regarding the method by which the suicide was accomplished or the injuries were inflicted, the supposed or presumed motive of the act, and the finding of the inquest, if one was held. If no inquest was held, the fact should be noted. In cases of recovery from injury, the result should be noted.

III. *Deaths from child-birth.*—All maternal deaths during pregnancy or labour or within four weeks after the termination of pregnancy or later if the illness originated during pregnancy, ab our or puerperation should be taken into account under the term "deaths from child birth" an calculating the rate of maternal mortality, births inclusive of still births should be taken into account.

(Government Endorsement No. 8201-E-1, P.H., dated 18th May 1937.)

956. Financial Statement F.—(i) Necessary steps should be taken to obtain every month from the authorities concerned all the information required for the preparation of Statement F. This statement should simply include transactions completed during the year reported on.

(ii) As the income of hospitals and dispensaries is in exact requirement of the expenses and any surplus of the annual allotment that may then remain lapses at the close of the financial year the financial statement in the case of Government medical institutions should show no opening or closing balance.

(iii) The nature of the pecuniary assistance given by the State to hospital and disp nsaries whether the assistance is given in the shape of a maintenance grant, percentage contribution or a fixed grant or for a specific object, e.g., buildings, furniture, etc., should be explained in foot-note quoting the authority.

(iv) *Value of C.M. books and forms.*—Statistical forms and books are supplied free of cost to all medical institutions by the Director of Stationery and Printing on indents received through the Director of Health Services and Family Planning/Director of Medical Education. The transit charges incurred, if any, should, in the case of Government Medical Institutions, be shown in column 4 of Statement F under "Income" and in column 18 under "Expenditure", and in the case of local body and Municipal Medical Institutions, in column 5 under "Income" and column 18 under "Expenditure".

(v) The nursing establishment charges including the pay on Maternity Assistant should be shown in column (11) of the above statement and the pay of hospital Junior Assistants and Stewards under column (12).

(vi) The cost of methylated spirits, etc., supplied by Government to hospitals and dispensaries for medico-legal purposes with reference to G.O. No. 1033, Finance, dated 19th June 1874, should be treated as hospital charges and shown in column 8 of Statement F with a foot-not explaining the same and stating the amount. On the expenditure side, the amount should be shown in column (13).

(vii) The information required for the financial Statement F should be compiled from the reports received from time to time from the Accountant-General, Madras, through the District Medical Officer or the Civil Surgeon concerned of the adjustment of the cost of medical stores including the cost of quinine and its products supplied to Government Institutions. The Commissioners of Panchayat Unions and executive authorities of municipal councils should promptly intimate the cost of the medical stores to the medical officers of the respective medical institutions to enable the figures to be incorporated in the financial statement of the institutions.

(viii) Amount shows as realized by sale of securities under miscellaneous receipts in column 8 of the above statement and the amount shown as invested in column (4) of the Statement G should tally.

(ix) The average cost of diet per in patient (column 21 of the statement) should be obtained by calculating the average cost of a day's diet for each class of patient and adding these averages together and dividing the sum by two the working being shown as a footnote to the statement.

(x) Details in respect of the figures given in the various columns of the above statement should, as far as possible, be given by means of foot-notes.

957. Report when records are not properly kept.—If all the above records are found not to be up to date on receiving over charge of an institution, a report should made to the Director of Health Services and Family Planning/Director of Medical Education through the prescribed channel by the Medical Officer taking over charge.

958. Smallpox.—In submitting the annual reports, Medical Officers should supply the following information relating to all cases of smallpox on a separate sheet of paper attached to the statement :—

(*a*) Whether separate accommodation for treating smallpox patients exists in the locality.

(*b*) Number of patients—in and out—treated in the institution during the year.

(*c*) Steps taken to secure notification and isolation of smallpox cases.

(*d*) Whether the vaccinal condition of those receiving institutional treatment has been recorded and, if so, particulars under the following heads :—

(i) Vaccinated as evidenced by one or more cicatrices ;

(ii) Stated to have been successfully vaccinated but no vaccination cicatrix present;

(iii) Stated to be unvaccinated (or vaccinated unsuccessfully) and no vaccination cicatrix present ;

(iv) Previously unvaccinated but vaccinated during the incubation of smallpox;

(v) Stated to have been successfully re-vaccinated.

(G.O. No. 902, Public, dated 21st October 1910 and Government Memorandum No. 26788-I-D2, P.H., dated 12th September 1925.)

959. Calculation of ratios of average daily attendance.—The ratios of the daily average attendance of in and out-patients together should not be obtained by summing up the ratios severally obtained for each class, but should be worked out on the total sick. The averages and the ratios need not be shown beyond the first place of decimal.

(G.O. No. 271 P. H. dated 1st February 1943, letter from the Director-General of Health Services, New Delhi, No. 4-9/48-A.R., dated 18th January 1950, dated Surgeon-Generals Circular P. No. 1 4/G. 2/50, dated 30th August 1950.)

960. Calculation of daily average when the hospital is closed for short period.—When a hospital or dispensary is closed for a period, the daily average attendance is to be calculated by dividing the aggregate total of the daily attendance treated by the number of days during which the hospital or dispensary was actually opened.

961. Procedure for scrutiny and transmission of statistical returns.—(i) The annual returns should be carefully scrutinised by the District Medical Officer or Civil Surgeon or Superintendent of the hospital before they are transmitted to the Office of the Director of Health Services and Family Planning/Director of Medical Education. The consolidation of statements with the exception of Statement C for the district should however be done in the District Medical Officer's Office.

(ii) The Civil Surgeons should forward Statement C direct to the Office of the Director of Health Services and Family Planning; all other statement should be sent to their respective District Medical Officers for consolidation in their district returns.

(iii) Statistics of all branch dispensaries should be separately shown and not included with the figures of the main institution.

(iv) The annual statistical returns of all medical institutions, office copies of which should be kept on printed forms only, should be sent so as to reach the Office of the Director of Health Services and Family Planning/Director of Medical Education on 31st January of the year following that to which the figures refer. District Medical Officers should, in addition, submit a brief report on all medical institutions in their respective districts. Comments on matters of general interest may also be included in these reports.

(G No. 1681, P.H. dated 8th October 1923.)

962. Triennial and annual reports.—I. *Triennial report.*—Reports on hospitals and dispensaries are submitted in full every third year, statistical returns and brief commentaries in the shape of notes being submitted in the intermediate years. These notes should give a brief indication of the significance of the statistics.

(G O.s. No. 1081, Public, dated 2nd August 1887, No. 558, Public, dated 3rd June 1901 and Ms. No. 1948, P.G. dated 19th September 1925).

II. *Annual Report.*—With the annual returns from each hospital or dispensary should be submitted a report to the District Medical Officer or Civil Surgeon explaining all variations as compared with the preceding year in Statements C to F of the annual statistics to be called *Statement of variations.*

(*a*) From Statement C all abnormal variations in the number of in and out-patients and in the proportion of beds to the daily averages sick should be explained. The actual number of beds available for all classes of cases should be entered in detail.

The following points also should be noted :—

(1) The increase of decrease in death-rate;

(2) The actual cause of mortality;

(3) Cases admitted to hospital in a moribund state;

(4) Cases removed from hospital in a moribund state;

(5) Death from septic diseases acquired in hospitals or prior to admission;

NOTE.—With reference to septic diseases acquired in hospitals full details should be given and a concise report made of the steps taken to put the institution into sanitary condition with the results.

(6) When the average daily attendance is out of proportion to the total treated, it should be explained;

(7) If attendance by proxies has been unusually large, the cause should be explained; and

(8) Number of beds available for venereal cases among females.

(G.O.No. 1297, M, dated 4th October 1889.)

(*b*) From Statement D any increase or decrease under any one or more disease should be notice with the causes as far as they acn be ascertained.

(*c*) From Statement F all variations under each head should be fully explained.

(*d*) Steps taken to encourage private subscriptions and donations should be detailed. Names and designations of subscribers or donors of rupees fifty and upwards during the year with amount in each case should be given.

(G.O. No. 1409, Judicial, dated 15th July 1878.)

(*e*) Steps taken to prevent patients who are able to pay from evading payment for their diets should be detailed.

(*f*) Steps taken to recover the value of medicines sold should be setforth.

(*g*) Steps taken to recover from Government the cost of treating cases of wounds or injuries brought to hospital by the police should be noted.

(*h*) Steps taken to increase the funded capital should be stated, any increase or decrease being fully explained.

(*i*) The number of meetings of the committee, if any, should be noted.

963. **Annual and Triennial Administration Reports.**—(*a*) State medical institutions in the City of Madras—Superintendents of medical institutions in the City should append to their annual and triennial administration reports a *Professional Report* with a summary of important cases treated. The form in which this is to be submitted is left to the discretion of individual Officers.

(*b*) All medical institutions—The annual and triennial administration reports should give information on the following points and the sequence should be adhered to :—

(1) *Accommodation*—(i) Giving number of beds available for men, women and children how they may have been utilised during the year, whether there has been any overcrowding.

The information required in the following statement should be filled in :—

Name of Hospital.	Number of beds available.				Average daily sick.				The maximum number treated on any one day during the year and the date.
	Men.	Women.	Children.	Total.	Men.	Women.	Children.	Total	
(1)			(2)				(3)		(4)

(ii) new buildings completed during the year.
(iii) alterations
(iv) repairs
(v) Lime washing

(2) ***Total Treated*** —(i) *Out-patients*—
(*a*) number treated,
(b) average daily sick.

(ii) In-patients—

(a) remaining,

(b) admissions and

(c) discharges—cured, relieved, discharged otherwise and deaths.

(3) *Mortality.*—Particularly dealing with septic diseases acquired in hospital and the measures taken to prevent the recurrence of such cases. The mortality statement should be in the following form:—

Name of hospital	Total number of deaths.	Ratio per cent of deaths to total treated cases admitted moribund.	Death from septic diseases.			Ratio per cent of deaths to treated cases exclusive of admitted *moribund.	Remarks.
			Cases removed moribund.	Acquired in hospital.	Acquired before admission.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Cases removed moribund should be included in deaths.

*As it is desirable that uniformity should exist in returning cases admitted in a moribund state, it is ruled that in cholera the admissions should included only cases dying within four hours after admission, and in other cases within twenty four hours after admission.

(G.O. No. 30, dated 25th January 1889.)

All cases removed moribund should be included in deaths.

The total number of cases actually treated for septic diseases in the hospital should also be stated.

(4) Classes of diseases treated.

(5) *Operation.*—Sel ced list of operations medical Form 1—168 (Form III-B) should be furnished.

(G.O. No. 42, Public, dated 11th April 1899.)

(6) Classes and sexes treated.

(7) *Epidemics.*—Report in the prescribed form to be attached when cholera has been treated.

(8) *Training of Medical Students.*—Number and classes of students, results and accommodation.

(9) Training of nurses and maternity assistants.

(10) *Working of the Nurses Training Centre in the General Hospital.*—The Nursing Superintendent's report to be attached.

(11) *Working of Special Dms ntenpaaeast* of the Dental Surgeon.

(12) *Finance.*—Names and designations of subscribers or donors of rupees fifty and above during the year with the amount in each case—

(a) income

(b) expenditure :—

(1) Establishment.

(2) Medicines.

(3) Diet and extras.

(4) Miscellaneous with particulars.

(5) Buildings and repairs.

(c) Statement F expenditure, column 10, medical officers, There should be a foot-note showing how much of this was expended on—

(1) Medical Officers—Permanent.

(2) Medical Officers—Temporary.

(d) Miscellaneous charges in Statement F should include—

(1) bedding and clothing,

(2) hospital necessaries,

(3) hospital miscellaneous,

(4) hospital contingencies, to be explained in a foot-note.

(5) municipal taxes.

(6) registers and forms,

(7) stationery.

(8) postage and telegrams,

(9) furniture and repairs,

(10) conservancy, if any,

(11) advertisements,

(12) printing charges,

(13) Special funds as "the poor fund",

(14) Supplies—how the system of obtaining them has worked—

(i) Medicines,

(ii) instruments and their repairs,

(iii) diet articles,

(iv) furniture and its repairs,

(v) hospital necessaries,

(vi) bedding and clothing and

(vii) extra equipment.

(15) lighting,

(16) working of establishments according to departments,

(17) Inspections and remarks of visitors.

(18) maintenance of inventory lists of all Government property,

(19) *Verification of Stock* mentioning the last day when the stock was verified in the year.

(20) Verification of service registers and

(21) General remarks.

NOTE.—The above instructions should strictly be followed and the report in the working of the medical institutions should be sent to the office of the Director of Health Service and Family Planning/Director of Medical Education for each year, before the end of the official year. Individual reports may be obtained on the working of each medical institution, in the district and same should also be sent to the Office of the Director of Health Services and Family Planning/Director of Medical Education for record.

(Surgeon-General's Circular P.No. 144-G-2/50, dated 30th August 1950.)

964. Programe of work to be done in the following year—Inclusion in the Annual Report.—The programme of work proposed to be done in the following year may also be included in the annual report, in addition to the details of the work done in the preceding year so as to facilitate a comparison of the work done in the year to which the report relates with the programme contemplated in the next year.

(Government Memorandum No. 2162-G-1/49-1, P.H. dated 27th January 1949, and Surgeon-General's P. No. 40-G/49, dated 4h February 1949.)

965.—Administration Report—Commendation of the work of the Individual officers—To be avoided.—The practice of naming officers in the administration report who are reported to have done particularly good work during the year under report is undesirable. No such lists of officers shall be given.

(G.O.No. 1048, Public (Services), dated 10th October 1931.)

966. **Annual concise reports.**—(1) The report of the medical officers submitted with the reports of the Panchayat Unions and Municipal Councils should be confined to the working of the hospitals and dispensaries, the remarks and suggestions being limited to matters of importance and in the case of towns in which there is no separate health officer should contain additional information regarding the registration of vital statistics, the progress made by the Vaccination department, and the measures undertaken for the improvement of sanitation.

(2) Information on the following points may be given as regards the hospitals or dispensaries :

Nature and sufficiency of accommodation.

State of repair of buildings.

State of repair of furniture.

Inspections—

(i) Steps taken to carry out the recommendations if any, of the Director of Medical Services and Family welfare ; and

(ii) Steps taken to carry out the recommendations of other inspecting officers.

Amount of recoveries from patients who have been able to pay for their diets and medicines.

Number of patients treated as compared with previous years.

Establishment whether sufficient and efficient.

Maternity Aassistants—Work actually done.

General remarks—Any important points not touched upon under the previous heads.

(G.O. No. 2177, L., dated 8th December 1901.)

967. **Administration reports.**—Municipal councils and Panchayat Unions.—Interesting, useful and important information relating to the administration of the medical institutions of the Panchayat Unions and Municipal Councils should be sent to the Director of Health Services and Family Planning to enable him to add his remarks in the annual draft reviews of the administration of Municipal Councils and Panchayat Unions.

(Surgeon-General's Circular P. No. 469-H, dated 17th November 1941.)

968. **Epidemics.—Cholera.**—Medical Officers who may be detailed for duty during outbreaks of cholera should keep a register in the prescribed form of the cases treated by them or under their supervision, and shall when the duty is completed, submitted to the Director of Medical Services and Family Welfare through the prescribed channel, a true copy of the register and report according to the orders quoted on the form. When forwarding, it, District Health Officers and Municipal Health Officers should invariably state their opinion as to the way in which the medical officers deputed on cholera duty have performed their work. Office copies of such reports should be recorded in the offices of the forwarding officers concerned to enable them to deal with the question in their administration report under the head "epidemics".

(G.O. No. 757, Public ,dated 12th September 1893 and Standing Order No. 17, dated 13th January 1898.)

Section 2.

STATISTICS OF JAIL HOSPITALS.

969. **Preparation of Jail hospital statistics.**—General Instructions.—General instructions given in the preceding section regarding statistics on civil hospitals and dispensaries are also applicable to Jail Hospital Statistics.

970. Abscess of the liver.—With regard to cases of abscess of the liver it should always be stated whether the disease was associated with dysentry or not.

(G.O. No. 42, Judicial, dated 14th January 1897.)

971. Cases not to be returned in a general way.—(1) Cases should not be returned in a general way as "effects of heat", etc., but the exact effect should be specified.

(2) It should be noted in the monthly return that the instructions in paragraph of this Code have been carried out; the annual return will be prepared from the corrected register and not from the monthly returns.

972. Monthly returns.—Great care should be taken in completing the monthly report and the facts given in it should be clear and simple, general remarks being avoided.

973. Re-admission of case discharged otherwise.—When a case is discharged otherwise and re-admitted for a second disease, it should be distinclty noted in the monthly return that the disease for which the prisoner was originally admitted has not been struck out, and that the fresh admission is for a disease unconnected with it.

974. Under-trial prisoners.—When under-trial prisoners are admitted into jail hospitals and are subsequently convicted, it is not necessary to discharged the cases" otheriwse" in the sick return. Such cases should be noted in the remarks as having been transferred from the under-trial column to the convict column on the date of conviction.

975. Care in detecting illness at its commencement.—Medical Officers should exercise the greatest care for the purpose of detecting disease at its commencement so that sick prisoners may be promptly brought under treatment in hospital.

(G.O. No. 2667, Judicial, dated 22nd November 1887.)

976. Returns relating to jail sickness and mortality, etc.—Procedure for submission to the Director-General of Health Services, Government of India, New Delhi—The Inspector-General of Health Services, Government of India, New Delhi, through the Director of Medical Services and Family welfare Madras—

(1) Monthly return of sick prisoners in jails;
(2) Annual return of sick prisoners in jails along with other statement; and
(3) the jail sanitary sheets.

(G.O.Ms. No. 1727, Public Health, dated 25th April 1941).

977. Special report of unusual sickness and epidemics.—Whenever any pidemic disease, excessive sickness or mortality appears amongst the prisoners a special report in Form No. 96 (*see* Tamil Nadu Prison and Reformatory Manual, Rule 633) should be made to the Director of Medical Services and Family welfare noting (a) the cause of the disease as far as has been ascertained in accordance with the rules in G. O. No. 757, Public, dated 12th September 1893, and (b) the precautions taken to prevent its spread.

(Circular No, 43, dated 1st November 1894.)

978. Daily reports.—How long continued —Daily reports in the same form should be submitted showing (a) the progress of the epidemic (b) the result of the precautions taken. These daily reports should be continued until the last case has been covered or until ten days after the last admission.

979. Overcrowding.—Whenever overcrowding is reported the exaet facts should be detailed under heading I in page 3 of the monthly return of sick prisoners, the precautions taken and their results should also be recorded.

980. Insanitary condition.—Whenever any insanitary condition is noted, the steps taken to have it remedied and the results should be recorded under heading XI.

981. Average strength of out-patients.—The average strength of out-patients under Tamil Nadu Prison and Reformatory Manual Rules, 575, 576, 600 and 1008 should be shown under heading VIII in the monthly return.

982. Average strength of invalid gang.—The average strength of invalid gang under Tamil Nadu Prison and Reformatory Manual Rules 599 and 1009 should be noted under heading VIII; it should be how they have been employed and how many of them have had to be admitted into hospital during the month.

983. Excessive sickness or motality.—Whenever excessive sickness or mortality from any cause is reported under heading IX, a comparative statement should be added showing the admissions and deaths during the previous three years in the same month.

984. Use of symptoms to be avoided.—Medical Officers should attend to the directions in the Nomenclature of Diseases (*see* Tamil Nadu Prison and Reformatory Manual Rules 1007) and avoid the use of such terms as diarrhoea, dyspepsia, jaundice and debility. They should ascertain the causes of these symptoms and return the case accordingly. Whenever they consider this cannot be done, a special report should be made under heading IX.

985. Averages now obtained.—All averages in the monthly and annual returns of prisoners should be obtained by dividing and aggregates each class of prisoners and of their totals by the of number of days in the month or the year to which the return relates. In obtaining the averages as above the second place of decimal should be increased by one in case the remainder is excess of half the divisor.

ANNEXURE I.

(*vide* paragraph 955.)

LIST OF DISEASES ACCORDING TO IX REVISION OF INTERNATIONAL CLASSIFICATION OF DISEASES

I. INFECTIOUS AND PARASITIC DISEASES.

Intestinal infectious diseases—(001—009).—

001	Cholora
002	Typhoid and paratyphoidfevers.
003	Other salmonolla infections.
004	Shigellosis
005	Other food poisoning (bacterial)
006	Amoebiasis
007	Other protozoal intestinal diseases.
008	Intestinal infections due to other organisms.
009	Ill-defined intestinal infections

TUBERCULOSIS (010—018).

010	Primary tuberculosis infection.
011	Pulmonary tuberculosis.
012	Other respiratory tuberculosis.
013	Tuberculosis of meningees and centrel norvous system.
014	Tuberculosis of intestinss, peritonoum and mesonteric glands.
015	Tuberculosis of bones and joints.
016	Tuberculosis of genitourinary system.
017	Tuberciulosis of other organs.
018	Military tuberculosis.

ZOONOTIC BACTERIAL DISEASES (020—027).

020	Plague
021	Tularaomia.
022	Anthrax.
023	Brucollosis.
024	Glanders.
265	Melioidosis.
027	Rat-bite fever.
002	Other Zoonotic bacterial diseases.

OTHER BACTERIAL DISEASES (030—041)

030	Leprosy.
031	Diseases due to other mycobacteria.
032	Diphtheria.
033	Whooping cough.
034	Streptecoecal sore throat and scarlatina
035	Erysiplas.
036	Meningoceccal infeotion.
037	Tctanus..
038	Septicaomia.
039	Actinomycoric infections.
040	Other bacterial diseases.
041	Baeteiial infection in conditions classified eite. elsewhere and of unspecified site.

POLIOMYESITIS AND OTHER NON-ARTHROPOD-BORNE VIRAL DISEASES OF CENTRAL NERVOUS SYSTEM (045—049).

045	Acute Poliomyelitis.
046	Slow virus infection of central nervous system.
047	Meningitis due to enterovirns.
048	Other enteroviorus diseases of central nervous system.
049	Othor non-arthropod bosne viral diseases of central nervous system.

VIRAL DISEASES ACCOMPANIED BY EXANTHEM (050—057).

050	Smallpax.
051	Cowpox and pas avaccin .
052	Chickenpox.
053	Herpes Zoster.
054	Herpes Simplex.
055	Measles.
056	Rubella.
057	Other viral exanthemate.

ARTHROPOD BORNE VIRAL DISEASES (060—066)

060	Yellow fever.
061	Dengue
062	Mosquito borne viral encephalitis.
063	Tick-borne viral encephalitis.
064	Viral encephalitis ransmitted by other and unspecified arthropoda
065	Arthopod-borne Haemorrhagic feuer.
066	Other Arthropod-borne viral diseases.

OTHER DISEASES DUE TO VIRUSES AND CHLAMYDIAC (070—079).

070	Viral hepatitis.
071	Rabies.
072	Mumps.
073	Ornithosis.
074	Specific diseases due to coxsackio virus.
075	Infectious mononuclosis.
076	Trachoma.
077	Other diseases of conjunction due to viruses and Chlamydia.
078	Other diseases due to viruses and Chlamydia.
079	Viral infections in conditions classified elsewhere and of unspecified site.

RICKETTSIOSES AND OTHER ARTHROPOD-BORNE DISEASES (080—088).

080	Louse-borne (epidemic) typhus.
081	Other typhus.
082	Tick-borne rickettsioses.
083	Other rickettsioses.
084	Malaria.
085	Leishmaniasis.
086	Trypanesemiasis.
087	Relapsing fever.
088	Other Arthro-pod borne diseases.

SYPHILIS AND OTHER VENEREAL DISEASES (090—099).

090	Congenital syphilis.
091	Early syphilis, symptomatic.
092	Early syphilis, latent.
093	Cardiovascular syphilis
094	Neuro syphilis.
095	Other forms of late syphilis, with symtoms.
096	Late syphilis, latent.
097	Other and unspecified syphilis.
096	Gonococcal infections.
099	Other venereal diseases.

OTHER SPIROCHAETAL DISEASES (100—104).

100	Leptospirosis.
101	Vincent's Angina.
102	Yaws.
103	Pinta.
104	Other spirocha total infection.

MYCOSES (110—118).

110	Dermatophytosis.
111	Dermatomycosis, other and unspecified.
112	Candidiasis.
114	Coccidioidomycosis.
115	Histoplasmosis.
116	Blastomycotic infection.
117	Other mycoses.
118	Opportunistic mycoses.

HELMINTHIASES (120—129).

120	Schistosomiasis (bilharziasis.)
121	Other trematode infections.
122	Echinococcosis.
123	Other costode infection.
124	Trichinosis.
125	Filarial infection and dracontiasis.
126	Ancylostomiasis and nocatoriasis.
127	Other intestinal holminthiases.
128	Other and unsepecified helminthiases.
129	Intestinal parasitism, unspecified.

OTHER INFECTIOUS AND PARASITIC DISEASES (130—136).

130	Texoplasmosis.
131	Trichomoniasis.
132	Pediculosis and phthirus infestation.
133	Acariasis,
134	Other Infestation.
135	Sarcoidosis.
136	Other and unspecified infectious and parasitic diseases.

LATE EFFECTS OF INFECTIOUS AND PARASTIC DISEASES (137—139).

137	Late effects of tuberculosis.
138	Late effects of acute Poliomyeltis.
139	Late effects of other infeetious and parasitic diseases.

II NEOPLASMS.

MALIGNANT NEOPLASM OF LIP. ORAL CAVITY AND PHARYNX (140—149).

140 Malignant neoplasm of lip.
141 Malignant neoplasm of tongue.
142 Malignant neoplasm of major salivary glands.
143 Malignant neoplasm of gum.
144 Malignant neoplasm of floor of mouth.
145 Malignant neoplasm of other and unspecified parts of mouth.
146 Malignant neoplasm of oropharyax.
147 Malignant neoplasm of nasopharynx.
148 Malignant neoplasm of hypopharynx.
149 Malignant neoplasm of other and ill defined sites within the lip. oral cavity and pharynx.

MALIGNANT NEOPLASM OF DIGESTIVE ORGANS AND PERITONEUM (150—159).

150 Malignant neoplasm of oesophagus.
151 Malignant neoplasm of stomach.
152 Malignant neoplasm of small intestine, including duedenum.
153 Malignant neoplasm of colon.
154 Malignant neoplasm of rectum, rec.osigmoid junction and anux.
155 Malignant neoplasm of liver and intrahopatic bile ducts.
156 Malignant neoplasm of gallbladder and extrahepatic bile ducts.
157 Malignant neoplasm of pancroas.
158 Malignant neoplasm of retroperitonoum and peritonoum.
159 Malignant neoplasm of other and ill defined sites within the digestive organs and peritoneum.

MALIGNANT NEOPLASM OF RESPIRATORY AND INTRATHORACIC ORGANS (160—165).

160 Malignant neoplasm of nasal cavities, middle ear and accossory sinuses.
161 Malignat neoplasm of larynx.
162 Malignant neoplasm of traha, kronchus and lung.
163 Malignant neoplasm of plcura.
164 Malignant neopalsm of thymus, heart and mediastinum.
165 Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracie organ.

MALIGNANT NEOPLASM OF BONE, CONNECTIVES TISSUE, SKIN AND BREAST (170—175).

170 Malignant neoplasm of bone and articular cartilage.
171 Malignant neoplasm of connective and other soft tissue.
172 Malignant molanoma of skin.
173 Other malignant neoplasm of skin.
174 Malignant neoplasm of female breast.
175 Malignant neoplasm of male breast.

MALIGNANT NEOPLASM OF GENITOURINARY ORGANS (179—189).

179 Malignant neoplasm of uterus, part unspecified.
180 Malignant neoplasm of cervix uteri.
181 Malignant neoplasm of palcenta.
182 Malignant neoplasm of body of uterus.
183 Malignant neoplasm of ovary and other uterine adnexa.
184 Malignant neoplasm of other and unspecified femalo genital organs
185 Malignant neoplasm of prostate.
186 Malignant neoplasm of testis.
187 Malignant neoplasm of penis and other male genital organs.
188 Malignant neoplasm of bladder.
189 Malignant neoplasm of kidney and other unspecified organourinarsy

MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED SITES (190—199).

190	Malignant neoplasm of eye.
191	Malignant neoplasm of brain.
192	Malignant neoplasm of other and unspecified parts of nervous.
193	Malignant neoplasm of thyroid gland.
194	Malignant neoplasm of other endocrine glands and related structures.
195	Malignant neoplasm of other and ill-difined sites.
196	Secondary and unspecified malignant neoplasm and lymph nodes.
197	Secondary malignant neoplasm of respiratory and digestive systems.
198	Secondary malignant neoplasm of other specified sites.
199	Malignant neoplasm of without specification of site.

MALIGNANT NEOPLASM OF LYMPHATIC AND HAEMATOPOIETIC TISSUE (200—208).

200	Lymphosarcoma and reticulosarcoma.
201	Hodgkin's diseases.
202	Other malignant neoplasm of lympoid and Histocytic tissue.
203	Multiple myeloma and immunoproliferative neoplasms
204	Lymphoid leukaemia
205	Myeloid leukaemia.
206	Monocytic leukaemia.
207	Other specified leukaemia.
208	Leukaemia of unspecified cell type.

BENIGN NEOPLASM (210—229).

210	Benign neoplasm of lip, oral cavity and pharyax.
211	Benign neoplasm of other parts of digestive system.
212	Benign neoplasm of respiratory and intrathoracir organs.
213	Benign neoplasm of bone and articular cartilage.
214	Lipoma.
215	Other benign neoplasm of connective and other soft tissue.
216	Benign neoplasm of skin.
217	Benign neoplasm of breast.
218	Uterine leiomyoma.
219	Other benign neoplasm of uterus.
220	Benign neoplsm of ovary.
221	Benign neoplasm of other female genital organs.
222	Benign neoplasm of male genital organs.
223	Benign neoplasm of kidney and other urinary organs.
224	Benign neoplasm of eye.
225	Benign neoplasm of brain and other parts of nervous system.
226	Benign neoplasm of thyroid gland
227	Benign neoplasm of other endocrine glands and related structure.
228	Haemangioma and lymphangioma and any site
229	Benign neoplasm of other and unspecified site.

CARCINOMA IN SITU (230—234).

230	Carcinoma in a situ of digestive organs.
231	Carcinoma in situ of respiratory system.
232	Carcinoma in situ of skin.
233	Carcinoma in situ of breast and genitourinary system.
234	Carcinoma in situ of other and unspecified sites.

NEOPLASMS OF UNCERTAIN BEHAVIOUR (235—238).

235	Neoplasm of uncertain behaviour of digestive and respiratory systems.
236	Neoplasm of uncertain behaviour of genitourinary organs.
237	Neoplasm of uncertain behaviour of endorcrine glands and nervous system.
238	Neoplasm of uncertain behaviour of other and unspecified sites and tissues.

NEOPLASM OF UNSPECIFIED NATURE (239).

239	Neoplasm of unspecified nature.

III. ENDOCRINE.

NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS.

DISORDERS OF THYROID GLAND (240—246).

240 Simple and unspecified goitre.
241 Nontoxic nodular goitre.
242 Thyrotoxicosis with or without goitre.
243 Congenital hypothyrodism.
244 Acquired hypothyroidism.
245 Thyroiditis.
246 Other disorders of thyroid.

DISEASES OF OTHER ENDOCRINE GLANDS (250—259).

250 Diabetes mellitus.
251 Other disorders of pancreatic internal secretion.
252 Disorders of parathyroid gland.
253 Disorders of the pituitary gland and its hypothalamic control.
254 Diseases of thymus gland.
255 Disorders of adrenal glands.
256 Ovarian dysfunction.
257 Testicular dysfunction.
258 Polyglandular dysfunction and related disorders.
259 Other endocrine disorders.

NUTRITIONAL DEFICIENCIES (260 269)

260 Kwashiorkor
261 Nutritional marasmus
262 Other severe protein-calorie malnutrition
263 Other and unspecified protein-calorie malnutrition
264 Vitamin A deficiency.
265 Thiamine and niacin deficiency states
266 Deficiency of B-complex components
267 Ascorbic acid deficiency
268 Vitamin D deficiency
269 Other nutritional deficiencies

OTHER METABOLIC DISORDERS AND IMMUNITY DISORDERS (270—279).

270 Disorders of amino-acid transport and metabolism.
271 Disorders of carbohydrate transport and metabolism
272 Disorders of lipoid metabolism
273 Disorders of plasma protein metabolism.
274 Gout
275 Disorders of mineral metabolism
276 Disorders of fluid, electrolyto and acid-base balance
277 Other and unspecified disorders of metabolism
278 Obesity and other hyperalimentation
279 Disorders involving the immune mechanism

IV. DISEASES OF BLOOD AND BLOOD-FORMING ORGANS,

280 Iron deficiency anaemias.
281 Other deficiency anaemias.
282 Hereditary haemolytic anaemias.
283 Acquired haemolytic anaemias.
284 Aplastic anaemia.
285 Other and unspecified anaemias.
286 Coagulation defects.
287 Purpura and other haemorrhagic conditions.
288 Diseases of white blood cells.
289 Other diseases of blood and blood-forming organ.

V. MENTAL DISORDERS.

ORGANIC PSYCHOTIC CONDITIONS (290—294).

290 Senile and presenile organic psychotic conditions.

291 Alcoholic psychoses.

292 Drug psychoses
293 Transient organic psychotic conditions.
294 Other organic psychotic conditions (chronic).

OTHER PSYCHOSES (295—299).

295 Schizophrenic psychoses.
296 Affective psychoses.
297 Paranoid states
298 Other non-organic psychoses.
299 Psychoses with origin specific to childhood.

NEUROTIC DISORDERS, PERSONALITY DISORDERS AND OTHER NON PSYCHOTIC MENTAL DISORDERS (300—316).

300 Neurotic disorders
301 Personality disorders
302 Sexual deviations and disorders
303 Alcohol dependence syndrome
304 Drug dependence
305 Non-dependent abuse of drugs.
306 Physiological malfunction arising from mental factors.
307 Special symptoms or syndromes not elsewhere classified.
308 Acute reaction to stress
309 Adjustment reaction
310 Specific non-psychotic mental disorders following organic brain damage.
311 Depressive disorders, not elsewhere classified.
312 Disturbance of conduct not elsewhere classified.
313 Disturbance of emotions specific to childhood and adolescence.
314 Hyperkinetic syndrome of childhood.
315 Specific delays in development.
316 Psychic factors associated with diseases classified elsewhere.

MENTAL RETARDATION (317—319).

317 Mild mental retardation
318 Other specified mental retardation
319 Unspecified mental retardation.

VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.

INFLAMMATORY DISEASES OF THE CENTRAL NERVOUS SYSTEM (320—326)

320, Bacterial meningitis
321 Meningitis due to other organisms
322 Meningitis of unspecified cause.
323 Encophalitis, myelitis and encephalomyelitis
324 Intracranial and intraspinal abscess.
325 Phlebitis and thrombophlebitis of intracranial venous sinuses.
326 Late effects of intracranical abscess or pyegenic infection.

HEREDITARY AND DEGENERATIVE DISEASES OF THE CENTRAL NERVOUS SYSTEM (300—337).

330 Cerebral degenerations usually manifest in childhood
331 Other cerebral degenerations
332 Parkinson's disease.
333 Other extrapyramidal disease and abnormal movement disorders.
334 Spinocerebellar disease.
335 Anterior horn cell desease.
336 Other diseases of spinal cord.
337 Disorders of the autonomic nervous system

THER DISORDERS OF THE CENTRAL NERVOUS SYSTEM (340–349).

340 Multiple sclerosis
341 Other demyelin a ting diseases of central nervous system
342 Hemiplegia
343 Infantile cerebral palsy
344 Other paralytic syndromes
345 Epilepsy
346 Migraine
347 Cataplexy and narcolepsy
348 Other conditions of brain
349 Other anr unspecified disorders of the nervous system.

DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM (350–359).

350 Trigeminal nerve disorders.
351 Facial nerve disorders
352 Disorders of other cramial nerves
353 Nerve root and plexus disorders
354 Mononouritis of uppei limb and monoeuritis multiplex
355 Mononeuritics of lower limb
356 Hereditary and idiepathic peripheral neuropathy.
357 Inflammatory and toxic neuropathy
358 Myoneural disorders.
359 Muscular dystrophies and other myopathies.

DISORDERS OF THE EYE AND ADNEXA (360—379).

360 Disorders of the globe
361 Retinal detachments and defects
362 Other retinal disorders
363 Chorioretinal inflammations and scars and other disorders of choroid.
364 Disorders of iris and ciliary body
365 Glaucoma
366 Cataract
367 Disorders of refraction and accommodation
368 Visual disturbances
369 Blindness and low vision
370 Keratitis
371 Corneal opacity and other disorders of cornea
372 Disorders of conjunctiva
373 Inflammation of cyelids
374 Other disorders of eyelids
375 Disorders of lacrimal system.
376 Disorders of the orbit.
377 Disorders of optic nerve and visual pathways
378 Strabismus and other disorders of binocular eye movements
379 Other disorders of eye

DISEASES OF THE EAR AND MASTOID PROCESS (380—389).

380 Disorders of external car.
381 Nonsuppurative otitis media and Eustachian tube disorders
382 Suppurative and unspecified otitis media
383 Mastoiditis and related conditions
384 Other disorders of tympanic membrance
385 Other disorders of middle ear and mastoid
386 Vertiginous syndromes and other disorders of vestibular system.
387 Otosclerosis
388 Other disorders of ear
389 Deafness

VII DISEASES OF THE CIRCULATORY SYSTEM

ACUTE RHEUMATIC FEVER (390—392).

390 Rheumatic fever without without mention of heart involvement
391 Rhematic fever with heart involvement
392 Rheumatic chorea

CHRONIC RHEUMATIC HEART DISEASES (393—398).

393 Chronic rheumatic pericarditis
394 Diseases of mitral valve
395 Diseases of aortic valve.
396 Diseases of mitral and aortic valves
397 Diseases of other endocardial structures
398 Other rheumatic heart diseas.

HYPERTENSIVE DISEASES (401—405).

401 Essential hypertension
402 Hypertensive heart disease
403 Hypertensive renal disease
404 Hypertensive heart and renal disease
405 Secondary hypertension

ISCHAMIC HEART DISEASES (410—414).

410 Acute myocardial infarction
411 Other acute and subacute form of ischaemic heart disease
412 Old myocardial infarction
413 Angina pectorias.
414 Other forms of chronic ischaemic heart disease

DISEASES OF PULMONARY CIRCULATION (415—417)

415 Acute pulmonary heart disease
416 Chronic pulmonary heart disease
417 Other diseases of pulmonary circulation

OTHER FORMS OF HEART DISEASES (420—429).

420 Acute pericarditis
421 Acute and subacute endocarditis
422 Acute myocarditis
423 Other diseases of pericardium
424 Other diseases of endocardium
425 Cardiomyopathy
426 Conduction disorders
427 Cardiac dysrhythmias
428 Heart failure
429 Ill-defined descriptions and complications of heart disease.

CEREBRO VASCULAR DISEASES (430—438).

430 Subarachnoid haemorrhage
431 Introcerebral haemorrhage
432 Other and unspecified intracranial haemorrhage
433 Occlusion and stenosis of precerebral arteries
434 Occlusion of cerebral arteries
435 Transcient cerebral ischaemia
436 Acute but ill-defined cerebro vascular disease
437 Other and ill-defined cerebrovascular disease
438 Late effects of cerebrovascular disease.

DISEASES OF ARTERIES, ARTERIOLES AND CAPILLARIES (440—448).

440 Atherosclerosis
441 Aortic aneursm
442 Other aneurysm
443 Other peripheral vascular disease
444 Arterial embolism and thrombosis
445 Polyarteritis nodosa and allied conditions
446 Other disorders of arteries and arterioles
447 Diseases of capillaries

DISEASES OF VEINS AND LYMPHATICS AND OTHER DISEASES OF CIRCULATORY SYSTEM (451—459).

451 Phlebitis and thrombophelebits
452 Portal vein thrombosis
453 Other venous embolism and thrombosis
454 Varicose veins of lower extremities.
455 Haemorrhoids
456 Varicose veins of other sites
457 Noninfective disorders of lymphatic channels.
458 Hypotension
459 Other disorders of circulatory system

VIII. DISEASES OF THE RESPIRATORY SYSTEM

ACUTE RESPIRATORY INFECTIONS (460-466).

460 Acute nasopharyngitis (common cold)
461 Acute sinusitis
462 Acute pharyngitis
463 Acute tonsillitis
464 Acute laryngitis and tracheitis
465 Acute upper respiratory infections of multiple or unspecified sites.
466 Acute bronchitis and bronchiolitis

OTHER DISEASES OF UPPER RESPIRATORY TRACT (470—478)

470 Defected nasal septum
471 Nasal polyps
472 Chronic pharyngitis and nasopharyngitis
473 Chronic sinusitis
474 Chronic disease of tonsils and adenoids
475 Peritonsillar abscess
476 Chronic laryngitis and laryngo tracheitis
477 Allergic rhinitis
478 Other diseases of upper respiratory tract

PNEUMONIA AND INFLUENZA (480—487)

480 Viral pneumonia
481 Pneumococcal pneumonia
482 Other bacterial pneumonia
483 Pneumonia due to other specified organism
484 Pneumonia in infectious diseases classified elsewhere
485 Bronchopneumonia, organism unspecified.
486 Pneumonia, organism unspecified
487 Influenza

CHRONIC OBSTRUCTIVE PULMONARY DISEASES AND ALLIED CONDITIONS (490-496)

490 Bronchitis, not specified as acute or chronic
491 Chronic brochitis
492 Emphysema
493 Asthama
494 Bronchietasis
495 Extrinsic allergic alveolitis
496 Chronic airways obstruction, not eleswhere classsified

PNEUMOCONIOSES AND OTHER LUNG DISEASES DUE TO EXTERNAL AGENTS (500—508)

500 Coalworkers' pneumoconiosis
501 Asbetosis
502 Pneumoconiosis due to other silica or silicates
503 Pneumoconiosis due to other inorganic dust
504 Pneumopathy due to inhalation of other dust
505 Pneumoconiosis, unspecified
506 Respiratory conditions due to chemical fumes and vapours
507 Pneumonitis due to solids and liquids
508 Respiratory conditions due to other and unspecified external agents

OTHER DISEASES OF RESPIRATORY SYSTEM (510–519)

510 Empyema
511 Pleurisy
512 Pneumothorax
513 Abscess of lung and mediastinum
514 Pulmonary congestion and hypostatis
515 Postinflammatory pulmonary fibrosis
516 Other alveolar and parietoalveolar pneumopathy
517 Lung invlovement in conditions classified elsewhere
518 Other diseases of lung
519 Other diseases of respiratory system.

IX. DISEASES OF THE DIGESTIVE SYSTEM.

DISEASES OF ORAL CAVITY, SALIVARY GLANDS AND JAWS (520–529).

520 Disorders of tooth development and eruption
521 Diseases of hard tissues of teeth
522 Disease of pulp and peripheral tissues
523 Gingival and periodental diseases
524 Dentofacial anomalies, including malocclusion
525 Other diseases and conditions of the teeth and supporting structures
526 Diseases if the jaws
527 Diseases of the salivary glands
528 Diseases of the oral soft tissues, excluding lessions specific for gingiva and tongue
529 Diseases and other conditions of the tongue

DISEASES OF OESOPHAGUS, STOMACH AND DUODENUM (530—537)

530 Diseases of oesophagus
531 Gastric ulcer
532 Duodenal ulcer
533 peptic ulcer, site unspecified
534 Gastro jejunal ulcer
535 Gastitis and duodenitis
536 Disorders of function of stomach
537 Other disorders of stomach and duodenum

APPENDICITIS (540—543).

540 Acute appendicitis
541 Appendicitis, unqualified
542 Other appendicitis
543 Other diseases of appendix

HERNIA OF ABDOMINAL CAVITY (550—553).

550 Inguinal hernia
551 Other hernia of abdominal cavity, with gangrene
552 Other hernia of abdominal cavity with obstruction, without mention of gangrene
553 Other hernia of abdominal cavity without mention of obstruction or gangrene.

NONINFECTIVE ENTERITIS AND COLITIS (555—558).

555 Regional enteritis
556 Idiopathic protocolitis
557 Vascular insufficiency of intestine
558 Other noninfective gastroenteritis and colitis.

OTHER DISEASES OF INTESTINES AND PERITONEUM (560—569).

560 Intestinal obstruction without mention of herenia
561 Diverticula of intestine
564 Functional digestive diorders, not elewhere classified
565 Anal fissure and fistula
566 Abcess of anal and rectal regions
567 Peritonitis
568 Other disorders of periotoneum
569 Other disorders of intestine

OTHER DISEASES OF DIGESTIVE SYSTEM (570—579).

570 Acute and subacute necrosis of liver
571 Chronic liver disease and cirrhosis
572 Liver abscess and sequelae of chronic liver disease
573 Other disorders of liver
574 Cholelithiasis
575 Other disorders of gallbladder
576 Other disorders of biliary tract
577 Diseases of pancreas
578 Gastrointestinal haemorrhage
579 Intestinal mal absorption

X. DISEASES OF THE GENITOURINARY SYSTEM.

NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS (580-589)

580 Acute glomerulonephritis
581 Nephrotic syndrome
582 Chronic glomerulonephritis
583 Nephritis and nephropathy, not specified as acute or chronic.
584 Acute renal failure
585 Chronic renal failure
586 Renal failure, unspecified
587 Renal sclerosis, unspecified
588 Disorders resulting from impaired renal function
589 Small kidney of unknown cause

OTHER DISEASES OF URINARY SYSTEM (590—599).

590 Infections of kidney
591 Hydronephrosis
592 Calculus of kidney and ureter
593 Other disorders of kidney and ureter
594 Calculus of lower urinary tract
595 Cystitis
596 Other disorders of baldder
597 Urethritis, not sexually transmitted, and urethral syndrome
598 Urethral stricture
599 Other disorders of urethra and urinary tract.

DISEASES OF MALE GENITAL ORGANS (600—608).

600 Hyperplasia of prostate
601 Inflammatory diseases of prostate
602 Other disorders of prostate
603 Hydrocele
604 Orchitis and epididymitis
605 Redundant prepuce and phimosis
606 Infertility, male
607 Disorders of penis
608 Other disorders of male genital organs

DISORDERS OF BREAST (610—611).

610 Benign mammary dysplasias
611 Other disorders of breast

INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS (614—616).

614 Inflammatory disease of ovary, fallopian tube, pelvic cellular tissue and peritoneum
615 Inflammatory diseases of uterus, except cervix
616 Inflammatory disease of cervix, vagina and vulva

OTHER DISORDERS OF FEMALE GENIRAL TRACT (617—629).

617 Endometriosis
618 Genital prolapse
619 Fistulae involving female genital tract
620 Noninflammatory disorders of ovary, fallopian tube and broad ligament
621 Disorders of uterus, not elsewhere classified
622 Noninflammatory disorders of cervix
623 Noninflammatory disorders of vagina
624 Noninflammatory disorders of vulva and perineum
625 Pain and other symptoms associated with female genital organs
626 Disorders of menstruation and other abnormal bleeding from female genital tract.
627 Menopausal and postmenopausal disorders
628 Infertility, female
629 Other disorders of female genital organs

XI. COMPLICATIONS OF PREGNANCY, CHILD BIRTH AND THE PUERPERIUM

PREGNANCY WITH ABORTIVE OUTCOME (630—639).

630 Hydatidiform mole
631 Other abnormal product of conception
632 Missed abortion
633 Ectopic pregnancy
634 Spontaneous abortion
635 Legally induced abortion
636 Illegally induced abortion
637 Unspecified abortion
638 Failed attempted abortion
639 Complications following abortion and ectopic and molar pregnancie

COMPLICATIONS MAINLY RELATED TO PREGANCY (640—648).

640 Haemorrhage in early pregnancy
641 Antepartum haemorrhage abruptio placentae and placenta praevia
642 Hypertension complicating pregnancy, childbirth, and the puerperium.
643 Excessive vomiting in pregnancy
644 Early or threatended labour
645 Prolonged pregnancy
646 Other complication of pregnancy, not elsewhere classified.
647 Infective and parasitic conditions in the mother classifioale elsewhere but complicating pregnancy childbirth and the puerperium.
648 Other current conditions in the mother classifiable elsewhere but complicating pregnancy childbrith and the puerperium.

NORMAL DELIVERY, AND OTHER INDICATIONS FOR CARE IN PREGNANCY LABOUR AND DELIVERY (650—659).

650 Delivery in a completely normal case
651 Multiple gestation
652 Malposition and malpresentation of fetus
653 Disproportion
654 Abnormality of organs and soft tissues of pelvis
655 Known or suspected fetal abnormality affecting management of mother.
656 Other fetal and placental problems affecting management of mother.
657 Polyhydramnios
658 Other problems associated with amniotic cavity and membranes.
659 Other indications for care or intervention related to labour and delivery and not else where classified.

COMPLICATIONS OCCURRING MAINLY IN THE COURSE OF LABOUR AND DELIVERY (660—669)

660 Obstructed labour
661 Abnormality of forces of labour
662 Long labour
663 Umbilical cord complications
664 Trauma to perineum and vulva during delivery
665 Other obstetrical trauma
666 Postpartum haemorrhage
667 Retained placenta or membrances without haemorrhage
668 Complications of the administration of anaesthetic or other sedation in labour and delivery
669 Other complications of labour and delivery, not elsewhere classiffed.

COMPLICATIONS OF THE PUERPERUM (670—676).

670 Major puerperal infection
671 Venous complications in pregnancy and the puerperium
672 Pyrexia unknown origin during the puerperium
673 Obstetrical pulmonary embolism
674 Other and unspecified complications of the puerperium, not elesewhere classified.
675 Infections of the breast and nipple associated with childbirth
676 Other disorders of the breast associated with childbirth, and disorders of lactation.

XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

INFECTIONS OF SKIN AND SUBCUTANEOUS TISSUE (680—686).

680 Carbuncle and furuncle
681 Cellulitis and abscess of finger and toe
682 Other celulitis and abscess
683 Acute lymphadenitis
684 Impetigo
685 Pilonidal cyst
686 Other local infections of skin and subcutaneous tissue

OTHER INFLAMMATORY CONDITIONS OF SKINS AND SUBCUTANEOUS TISSUE (690—698).

690 Erythematosquamous dermatosis
691 Atopic dermatitis and related conditions
692 Contact dermatitis and other cezema
693 Dermatitis due to taken internally substances
694 Bullous dermatoses
695 Erythematous conditions
696 Psorissis and similar disorders
697 Lichen
698 Pruritus and related conditions.

OTHER DISEASES OF SKIN AND SUBCUTANEOUS TISSUE (700—709)

700 Corns and callosities
701 Other hypertrophic and atrophic conditions of skin
702 Other dermatoses
703 Diseases of nail.
704 Diseases of hair and hair follicles
705 Disorders of sweat glands
706 Diseases of se baceous glands
707 Chronic ulcer of skin
708 Urticaria
709 Other disorders of skin and subcutaneous tissue

XIII. DISEASES OF THE MUSCULO SKELETAL SYSTEM AND CONNECTIVE TISSUE.

ARTHROPATHIES AND RELATED DISORDERS (710—739)

710 Diffuse diseases of connective tissue
711 Arthropathy associated with infections
712 Crystal arthropathies
713 Arthropathy associated with other disorders classified eleswhere.
714 Rheumatoid arthritis and other inflammatory Polyarthropathies.
715 Osteoarthrosis and allied disorders
716 Other and unspecified arthropathies
717 Internal derangement of knee
718 Other derangement of joint
719 Other and unspecified disorder of joint

DORSOPATHIES (720—724)

720 Ankylosing spondylitis and other inflammatory spondylopathies.
721 Spondylosis and allied disorders
722 Intervertebral disc disorders.
723 Other disorders of cervical region
724 Other and unspecified disorders of back

RHEUMATISM, EXCLUDING THE BACK (725—729)

725 Polymyalgia rheumation
726 Peripheral enthesopathies and allied syndromes
727 Other disorders of synovium, tendon and bursa
728 Disorders of muscle, ligament and fascia
729 Other disorders of soft tissues

OSTEOPATHIES, CHONDROPATHIES AND ACQUIRED MUSCULO SKELETA DEFORMITIES (730—739).

730 Osteomyelitis, periodtitis and other infections, involving bone.
731 Osteitis deformans and osteopathies associated with other disorders classified elsewhere
732 Osteochondropathies
733 Other disorders of bone and cartilage
734 Flat foot
735 Acquired deformities of too
736 Other acquired deformities of limbs
737 Curvature of spine
738 Other acquired deformity
739 Nonallopathic lesions, not elsewhere classified

XIV. CONGENITAL ANOMALIES.

740 Anencephalus and similar anomalies
741 Spina bifida
742 Other congenital anomalies of nerovours system
743 Congenital anamolies of eye
744 Congenital anamolies of ear, face and neck
745 Bulbus cordis anamolies and anamolies of cardiac septal closure
746 Other congenital anomalies of heart
747 Other congenital anomalies of circulatory system
748 Congenital anomalies of respiratory system
749 Cleft palate and clerft lip
750 Other congenital anomalies of upper alimentary traet
751 Other congenital anomalies of digestive system
752 Congenital anomalies of genital organs
753 Congenital anomalies of urinary system
754 Certain congonital musculo skeletal deformities
755 Other congenital anomalies of limbs
756 Other congenital muscle skeletal anomalies
757 Congenital anomalies of the integument
758 Chromosomal anomalies
759 Other and unspecified congenital anomalies

XV. CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD

760 Fetus or newborn affected by maternal conditions which may be unrelated to the present pregnancy
761 Fetus or newborn affected by maternal complications or pregnancy
762 Fetus or newborn affected by complications of placenta, card membranes
763 Fetus or newborn affected by complications of labour and delivery
764 Slow fetal growth and fetal malnutrition
765 Disorders relatiog to short gestation and unspecified low birthweight
766 Disorders relating to long gestation and high birthweight
767 Birth Trauma
768 Intrauterine hypoxia and birth asphyzia
769 Respiratory distress syndrome
770 Other respiratory conditions of fetus and newborn
771 Infections specified to the perinatal period
772 Fetal and neonatal haemorrhage
773 Haemolytic disease of fetus or newborn, due to isoimmunization
774 Other perinatal jaundice
775 Endocrine and metabolic disturbances specific to the fetus and newborn
776 Haematological disorders of fetus and newborn
777 Perinatal disorders of digestive system
778 Conditions involving the integument and temperature regulation of fetus and newborn.
779 Other and ill-defined conditions originating in the perinatal period.

XVI. SYMPTOMS, SIGNS AND ILL-DEFINED CONDITIONS.

I SYMPTOMS (780—789).

780	General symptoms
781	Symptoms involving nervous and musculoskeletal systems.
782	Symptoms involving skin and other integumentary tissue
783	Symptoms concerning nutrition, metabolism and development.
784	Symptoms involving head and neck.
785	Symptoms involving cardiovascular system.
786	Symptoms involving respiratory system and other chest symptoms.
787	Symptoms involving digestive system.
788	Symptoms involving urinary system.
789	Other symptoms involving abdomen and pelvis.

II NONSPECIFIC ABNORMAL FINDINGS (790—796).

790	Nonspecific findings on examination of blood
791	Nonspecific findings on examinations or urine.
792	Nonspecific abnormal findings in other body substances,
793	Nonspecific abnormal findings on radiological and other examinations of body structure.
794	Nonspecific abnormal results of function studies
795	Nonspecific histological and immunological finding.
796	Other nonspecific abnormal findings.

III-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY (797—799).

797	Senility without mention of psychosis.
798	Sudden death, cause unknown.
799	Other ill-defined and unknown causes of morbidity and mortality.

XVII. INJURY AND POISONING.

FRACTURE OF SKULL (800—804).

800	Fracture of vault of skul.
801	Fracture of base of skull.
802	Fracture of face bones.
803	Other and unqualified skull fractures.
804	Multiple fractures involving skull or face with other bones.

FRACTURE OF SPINE AND TRUNK (805—809).

805	Fracture of vertebral column without mention of spinal cord lesion.
806	Fracture of vertebral coulmn with spinal cord lesion.
807	Fracture of rib(s), sternum, larynx and trachea.
808	Fracture of pelvis.
809	Ill-defined fractures of trunk.

FRACTURE OF UPPER LIMB (810—819).

810	Fracture of clavicle.
811	Fracture of scapula
812	Fracture of humerus.
813	Fracture of radius and ulna.
814	Fracture of carpal bone(s)
815	Fracture of metacarpal bone(s).
816	Fracture of one or more phalanges of hand.
817	Multiple fractures of hand bones.
818	Ill-defined fractures of upper limb.
819	Multiple fractures involving both upper limbs and upper limb with rib(s) and sternum.

FRACTURE OF LOWER LIMB (820—829).

820	Fracture of neck of femur.
821	Fracture of other and specified parts of femur.
822	Fracture of patella.
823	Fracture of tibia and fibula.
824	Fracture of ankel.
825	Fracture of one or more tarsal and metatarsal bones.
826	Fracture of one or more phalanges of foot.
827	Other, multiple and ill-defined fractures of lower limb.
828	Multiple fractures involving both lower limbs, Lower with upper limb and lower limb(s) with rib(s) and sternum.
829	Fracture of unspecified bones.

DISLOCATION (830—839).

830	Dislocation of jaw.
831	Dislocation of shoulder.
832	Dislocation of elbow.
833	Dislocation of writs.
834	Dislocation of finger.
835	Dislocation of hip.
836	Dislocation of know.
837	Dislocation of ankle.
838	Dislocation of foot.
839	Other, multiple and ill-defined dislocations.

SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES (840—848).

840	Sprains and strains of shoulder and upper arm.
841	Sprains and strains of elbow and forearm.
842	Sprains and strains of wrist and hand.
843	Sprains and strains of hip and thigh.
844	Sprains and strains of knee and leg.
845	Sprains and strains of ankle and foot.
846	Sprains and strains of sacroilac region.
847	Sprains and strains of other and unspecified parts of back.
848	Other and ill-defined sprains and strains.

INTRACRANIAL INJURY, ECXCLUDING THOSE WITH SKULL FRACTURE (850—854).

850	Concussion.
851	Cerebral laceration and contusion.
852	Subarachnoid, subdural and extradural haemorrhage, following injury
853	Other and unspecified intracranial haemorrhage following injury.
854	Intracranial injury of other and unspecified nature.

INTERNAL INJURY OF CHEST, ABDOMEN AND PELVIS (860—869).

860 Traumatic pneumothorax and haemothorax.
861 Injury to heart and lung.
862 Injury to other and unspecified intrathoracic organs.
863 Injury to gastrointestinal tract.
864 Injury to liver.
865 Injury to spleen.
866 Injurry to kidney.
867 Injury to pelvic organs.
868 Injury to other intraabdominal organs.
869 Internal injury to unspecified or ill-defned organs.

OPEN WOUND OF HEAD, NECK AND TRUNK (870—879).

870 Open wound of ocular adnexa.
871 Open wound of eyball.
872 Open wound of ear.
873 Open wound of head.
874 Open wound of neck.
875 Open wound of chest (wall).
876 Open wound of back.
877 Open wound of buttock.
878 Open wound of genital organs (external), including traumatic amputation.
879 Open wound of other and unspecified sites, except limbs.

OPEN WOUND OF UPPER LIMB (880—887).

880 Open wound of shoulder and upper arm.
881 Open wound of elbow, forearm and wrist.
882 Open wound of hand except finger(s) alone.
883 Open wound of finger(s).
884 Multiple and unspecified open wound of upper limb.
885 Traumatic amputation of thumb (complete) (partial).
886 Traumatic amputation of other finger(s) (complete) (partial).
887 Traumatic amputation of arm and hand (complete) (partial).

OPEN WOUND OF LOWER LIMB (890—897).

890 Open wound of hip and thigh.
891 Open would of knee, leg (except thigh) and ankle.
892 Open wound of foot except too(s) alone.
883 Open wound of toe (2)
894 Multiple and unspecified open wound of lower limb.
895 Traumatic amputation of toe(s) (complete) partial.
896 Traumatic amputation of foot (complete) (partial).
897 Traumatic amputation of leg(s) (complete) (partial).

INJURY TO BLOOD VESSELS (900—904).

900 Injury to blood vessels of head and neck.
901 Injury to blood vessels of thorax.
902 Injury to blood vessels of abdomen and pelvis.
903 Injury to blood vessels of uuper extremity.
904 Injury to blood vessels of lower extremity and unspecified sites.

LATE EFFECTS OF INJURIES, POISONINGS, TOXIC EFFECTS AND OTHER EXTERNAL CAUSES (905—909).

905 Late effects of musculoskeletal and connective tissue injuries.
906 Late effects of injuries to skin and subcutaneous tissues.
907 Late effects of injuries to the nervous system
908 Late effects of other and unspecified injuries.
909 Late effects of other and unspecified external causes.

SUPERFICIAL INJURY (910—919).

910 Superficial injury of cace, neck and scalp except eye.
911 Superficial injury of trunk.
912 Superficial injury of shoulder and upper arm.
913 Superficial injury of elbow, forearm and wrist.
914 Superficial injury of hand(s) except finger(s) alone.
915 Superficial injury of finger (s).
916 Superficial injury of hip, thigh leg and ankle:
917 Superficial injury of foot and toe(s).
918 Superficial injury of eye and adnexa.
912 Superficial injury of other, multiple and inspecified sites.

CONTUSION WITH INTACT SKIN SURFACE (920—924).

920 Contusion of face, scalp, and neck except [eye(s).]
921 Contusion of eye and adnexa.
922 Contusiom of trunk.
923 Contusion of upper limb.
924 Contusion of lower limb and of other and unspecified sites.

CRUSHING INJURY (925—929).

925 Crushing injury of face, scalp and neck.
926 Crushing injury of trunk.
927 Crushing injury of upper limb.
928 Crushing injury of lower limb.
929 Crushing injury of multiple and unspecified sites.

EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE (930—939).

930 Foreign body on external eye.
931 Foreign body in earl.
932 Foreign body in nose.
933 Foreign body in pharynx and larynx.
934 Foreign body in trachea, bronchus and lung.
935 Foreign body in mouth, oesophagus and stomach.
936 Foreign body in intestine and colon.
937 Foreign body in anus and rectum.
938 Foreign body in digestive system, unspecified.
939 Foreign body in genitourinary tract.

BURNS (940—949).

940 Burn confined to eye and adnexa.
941 Burn of face, head and neck.
942 Burn of trunk.
943 Burn of upper limb, exept wrist and hand.
944 Burn of wrist(s) and hand(s).
945 Burn of lower limb(s).
946 Burns of multiple specified sites.
947 Burn of internal organs.
948 Burns classified according to extent of body surface involved.
949 Burn unspecified.

INJURY TO NERVES AND SPINAL CORD (950—957).

950 Injury to optic nerve and pathways
951 Injury to other cranial nerve(s).
952 Spinal cord lesion without evidence of spinal bone injury.
953 Injury to nerve roots and spinal plexus.
954 Injury to other nerves (s) of trunk excluding shoulder and pelvic girdles.
955 Injury to paripheral nerve(s) of shoulder girdle and upper limb.
956 Inury to peripheral nerve (s) of plevic girdle and lower limb
957 Injury to other and unspecified nerves.

CERTAIN TRAUMATIC COMPLICATIONS AND UNSPECIFIED INJURIES (958—959).

958 Certain early complications of trauma.

POISONING BY DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES (960—979)

960	Poisoning by antibiotics.
961	Poisoning by an other anti-infectives.
962	Poisoning by hormones and synthetic substitutes.
963	Poisoning by agents primarily systemic agents.
964	Poisoning by agents primarily affecting blood consulturnd.
965	Poisoning by analgesics, antipyretics and antirhomatics.
966	Poisoning by anticonvulsants and anti- Parkinsonism drugs.
967	Poisoning by sedatives and hypnotics.
968	Poisoning by other central nerves system depressants.
969	Poisoning by psychotropic agents.
970	Poisoning by central nerves system stimulants.
971	Poisoning by drugs primarily affecting the autonomic nervous sytem.
972	Poisoning by agents primarily affectiving the cardiovascular system.
973	Poisoning by agents primarily affecting the gastrointestinal system.
974	Poisoning by water, mineral and uric acid metabolism drugs.
975	Poisoning by agents primarily acting on the smooth and skeletta l muscles and respiratory syste m.
976	Poisoning by agents primarily affecting skin and mucous membrane, ophthalmological, otorhinolaryngological and dental drugs.
977	Poisoning by other and unspecified drugs and modicament.
978	Poisoning by bacterial vaccines.
979	Poisoning by other vaccines and biological substances.

TOXIC EFFECTS OF SUBSTANCES CHIEFLY NON-MEDICINAL TO SOURCE (980—989).

980	Toxic effect of alcohol.
981	Toxic effect of petroleum products.
982	Toxic effect of solvents other than petroleum-based.
983	Toxic effect of corresive aromatics, acids and caustic alkalis.
984	Toxic effect of lead and its compounds (including fumes).
985	Toxic effect of other metals.
986	Toxic effect of carbon monoxide.
987	Toxic effect of other gases, fumes or vapours.
988	Toxic effect of noxious substances eaten as food.
989	Toxic effect of other substances, chiefly non-medicinal as to source.

OTHER AND UNSPECIFIED EFFECTS OF EXTERNAL CAUSES (990- 995).

990	Effects of radiation, unspecified.
991	Effects of reduced temperature.
992	Effects of heat and light
993	Effects of air pressure.
994	Effects of other external cause.
995	Certain adver e effects not elsewhere classified.

COMPLICATIONS OF SURGICAL AND MEDICAL CARE NOT ELSEWHERE CLASSIFIED (996—999).

996	Complications peculiar to certain specified procedures
997	Complication affecting pescified body system, not elsewhere classifie
998	Other complications of procedures, not elsewhere classified.
999	Complications of medical care, not elsewhere classified

SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING.

RAILWAY ACCIDENTS (E800—E807).

E800 Railway accident involving collision with rolling stock.
E801 Railway accident involving collision with other object.
E802 Railway accident involving derailment without antecedent collision
E803 Railway accident involving explosion, fire or burning.
E804 Fall in, on or from railway train.
E805 Hit by rolling stock.
E806 Other specified railway accident.
E807 Railway accident of unspecified nature.

MOTOR VEHICLE TRAFFIC ACCIDENTS (E810—E819).

E810 Motor vehicle traffic accident involving collision with train.
E811 Motor Vehicle traffic accident involving re-entrant collision with another motor vehicle.
E812 Other motor vehicle traffic accident involving collision with another motor vehicle.
E813 Motor Vehicle traffic accident involving collesion with other vehicle.
E814 Motor vehiclestraffic accident involving collision with pedestiain.
E815 Other motor vehicle traffic accident involving collision on the highway.
E816 Motor Vehile traffic accident due to loss of control, without collision on highway.
E817 Non-collision motor vehicle traffic accident while boarding or alighting.
E818 Other non-collision motor vehicle traffic accident.
E819 Motor Vehicle traffic accident of unspecified nature.

MOTOR VEHICLES NON-TRAFFIC ACCIDENTS (E820—E825).

E820 Non-traffic accident involving motor-driven now vehicle.
E821 Non-traffic accident involving other off-road motor vehicle.
E822 Other motor vehicle non-traffic accident involving collision with moving object.

E823 Other motor vehicle nontraffic accident involving collision with stationey object.
E824 Other motor vehicle nontraffic accident while boarding and alighting
E825 Other motor vehicle non-traffic accident of other and unspecified nature.

OTHER ROAD VEHICLE ACCIDENTS (E826—E829)

E826 Pedal cycle accident
E827 Animal-drawn vehicle accident
E828 Accident involving animal being ridden
E829 Other road vehicle accident

WATER TRANSPORT ACCIDENTS (E830—E838)

E830 Accident to watercraft causing submersion
E831 Accident to watercraft causing other injury
E832 Other accidental submersion or drawning in water transport accident.
E833 Fall on staire or ladders in water transport
E834 Other fall from one level to another in water transport
E835 Other and unspecified fall in water transport
E836 Machinery accident in water transport
E837 Explosion, fire or burning in watercraft
E838 Other and unspecified water transport accident

AIR AND SPACE TRANSPORT ACCIDENT (E840—E845)

E840 Accident to powered aircraft at takeoff or landing
E841 Accident to powered aircraft, other and unspecified
E842 Accident to unpowered aircraft
E843 Fall in, on or from aircraft
E844 Other specified air transport accidents
E845 Accident involving spacecraft

VEHICLE ACCIDENTS NOT ELSEWHERE CLASSIFIABLE (E846—E848)

E846 Accident involving powered vehicles used solely within the buildings and premises of an industrial or commercial establishment.
E847 Accidents involving cable cars not running on rails
E848 Accidents involving other vehicles not elsewhere classified

ACCIDENTAL POISONING BY DRUGS, MEDICAMENTS AND BIOLOGICALS (E850—E858)

E850 Accidental poisoning by analgesies, antipyretics antirheumatics
E851 Accidental poisoning by barbuturates
E852 Accidental poisoning by other sedatives and hypnotices
E853 Accidental poisoning by transquitizers
E854 Accidental poisoning by other psychotropic agents
E855 Accidental poisoning by other drugs acting on central and autonomic nervous systems.
E856 Accidental poisoning by antibiotics
E857 Accidental poisoning by anti-infectives
E858 Accidotal poisoning by other drugs

ACCIDENTAL POISONING BY OTHER SOLID AND LIQUID SUBSTANCES GASES AND VAPOURS (E860—E869)

E860 Accidental poisoning by alcohol, not eleswehere re-classified
E861 Accidental poisoning be cleansing and polishing agents, disinfectants, paints and varnishes.
E862 Accidental poisoning by petroleum products, other solvents and their vapours, not elsewhere classified.
E863 Accidental poisoning by agricultural and horticultural chemical and pharmaceutical preparations other than plant foods and fertilizers.
E864 Accidental poisoning by corrosives and caustics, not eleswhere classified
E865 Accidental poisoning from food stuffs and poisonous plants
E866 Accidental poisoning by other and unspecified solid and liquid substances
E867 Accidental poisoning by gas distributed by pipline
E868 Accidental poisoning by other utility gas and other carbon monoxide.
E869 Accidental poisoning by other gases and vapours.

MISADVENTURES TO PATIENTS DURING SURGICAL AND MEDICAL CARE (E870—E876)

E870 Accidental cut, puncture, perforation or haemorrhage during medical care
E871 Foreign object left in body during procedure
E872 Failure of sterile precautions during procedure
E873 Failure in dosage
E874 Mechanical failure of instrument or apparatus during procedure
E875 Contaminated infected blood, other fluid, drug or biological substance
E876 Other and unspecified misadventures during medical care.

SURGICAL AND MEDICAL PROCEDURES AS THE CAUSE OF ABNORMAL REACTION OF PATIENT OR LATER COMPLICATION, WITHOUT MENTION OF MISADVENTURE AT THE TIME OF PROCEDURE (E878—E879)

E878 Surgical operation and other surgical procedures as the cause of abnormal reaction of patient, or of later compli cation, without mention of misadventure at the time of operation.
E879 Other procedures, without mention of misadventure at the time of procedure, as the cause of abnormal reaction of patient, or of later complication.

ACCIDENTAL FALLS (E880—E888)

E880 Fall on or from stairs or steps.
E881 Fall on or from ladders or scaffolding
E882 Fall from or out of building or other structure
E883 Fall into hole or other opening in surface
E884 Other fall from one level to another
E885 Fall on same from slipping, tripping or stumbling
E886 Fall on some level from collisum pushing or showing by or with other perso
E887 Fracture, cause unspecified
E888 Other and unspecified fall

ACCIDENTS CAUSED BY FIRE AND FLAMES (E890—E899)

E890 Conflagration in private dwelling
E891 Conflagration in other and unspecified building or structure.
E892 Conflagration not in building or structure
E893 Accident caused by ignition of clothing
E894 Ignition of highly inflammable material
E895 Accident caused by controlled fire in private dwelling
E896 Accident caused by controlled fire in other and unspecified building or structure.
E897 Accident caused by controlled fire not in building or structure
E898 Accident caused by other specified fire and flames
E899 Accident caused by unspecified fire

ACCIDENTS DUE TO NATURAL AND ENVIRONMENTAL FACTORS (E900—E 909)

E900 Excessive heat
E901 Excessive cold
E902 High and low air pressure and changes in air pressure
E903 Travel and motion
E904 Hunger, thirst, exposure, negleet
E905 Venomous animals and plants as the cause of poisoning and toxic reactions
E906 Other injury caused by animals
E907 Lightning
E908 Cataclysmic storms and floods resulting from storms
E909 Cateclysmic earth surface movements and eruptions

ACCIDENTS CAUSED BY SUBMERSION, SUFFOCATION AND FOREIGN BODIES (E910—E915).

E910 Accidental drowning and submersion
E911 Inhalation and ingestion of food causing obstruction of respiratory tract or suffocation.
E912 Inhalation and ingestion of other object causing obstruction of respiratory tract or suffocation.
E913 Accidental mechanical suffocation
E914 Foreign body accidentally entering eye and adnexa
E915 Foreign body accidentally entering other orifice

OTHER ACCIDENTS (E916—E928)

E916 Struck accidentally by falling object
E917 Striking against or struck accidentally by objects or persons
E918 Caught accidentally in or between objects
E919 Accidents caused by machinery
E920 Accidents caused by cutting and piercing intruments or objects
E921 Accidents caused by explosion of pressure vessel
E922 Accident caused by fiream missile
E923 Accident caused by explosive material
E924 Accident caused by hot substance or object, caustic or corrosive material and steam.
E925 Accident caused by electric current
E926 Exposure to radiation
E927 Over exertion and strenuous movements
E928 Other and unspecified environmental and accidental causes

LATE EFFECTS OF ACCIDENTAL INJURY (E929)

E929 Late effects of accidental injury

DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES CAUSING ADVERSE EFFECTS IN THERAPEUTIC USE (E930—E949)

E930 Antibiotics
E931 Other anti-infectives
E932 Hormones and synthetic substitutes
E933 Primarily systemic agents
E934 Agents primarily affecting blood constituents
E935 Analgesics, antipyretics and antirheumatics
E936 Anticonvulsants and anti-Parkinsonism drugs
E937 Sedatives and hypnotics
E938 Other central nervous system depressants
E939 Psychotropic agents
E940 Central nervous system stimulants
E941 Drugs primarily affecting the autonomic nervous system
E942 Agents primarily affecting the cardiovascular system
E943 Agents primarily affecting gastrointestinal system
E944 Water, mineral and uric acid metabolism drugs
E945 Agents primarily acting on the smooth and skeletal muscles and respiratory system.
E946 Agents primarily affecting skin and mucous membrane, ophthalmological, otorhinolaryngological and dental drug.
E947 Other and unspecified drugs and medicaments
E948 Bacterial vaccines
E949 Other vaccines and biological substances

SUICIDE AND SELF-INFLICTED INJURY (E950—E959)

E950 Suicide and selfinflicted poisoning by solid or liquid substances
E951 Suicide and selfinflicted poisoning by gases in domestic use
E952 Suicide and selfinflicted poisoning by other gases and vapours
E953 Suicide and selfinflicted injury by hanging, strangulation and suffocation
E954 Suicide and selfin flicted injury by submersion (drowing)
E955 Suicide and self inflicted injury by firearms and explosives.
E956 Suicide and self inflicted injury by cutting and piercing instruments
E957 Suicide and self inflicted injuries by jumping from high place
E958 Suicide and self inflicted injury by other and unspecified means
E959 Late effects of self inflicted injury

HOMICIDE AND INJURY PURPOSELY INFLICTED BY OTHER PERSON (E960—E969).

E960 Fight, brawl, rape
E961 Assault by corrosive or caustic substance, except poisoning
E962 Assault by poisoning
E963 Assault by hanging and strangulation
E964 Assault by submersion (drowning)
E965 Assault by firearms and explosives
E966 Assault by cutting and piercing instruments
E967 Child battering and other maltreatment
E968 Assault by other and unspecified means
E969 Late effects of injury purposely inflicted by other person

LEGAL INTERVENTION (E970—E978)

E970 Injury due to legal intervention by firearms
E971 Injury due to legal intervention by explosives
E972 Injury due to legal intervention by gas
E973 Injury due to legal intervention by blunt object
E974 Injury due to legal intervention by cutting and piercing in instruments
E975 Injury due to legal intervention by other specified means
E976 Injury due to legal intervention by unspecified means
E977 Late effects of injuries due to legal intervention
E978 Legal excecution

INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED (E980—E989)

E980 Poisoning by solid or liquid substances, undetermined whether accidentally or purposely inflicted.
E981 Poisoning by gases in domestic use, undetermined whether accidentally or purposely inflicted.
E982 Poisoning by other gases, unde termined whether accidentally or purposely inflicted
E983 Hanging, strangulation or suffocation, undetermined whether accidentally or purposely inflicted.
E984 Submersion (drowning) undetermined whether accidentally or purposely inflicted
E985 Injury by fireams and explosives, undetermined whether accidentally or purposely inflicted.
E986 Injury by cutting and piercing instruments, undetermined whether accidentally or purposely inflicted.
E987 Falling from high place, undetermined whether accidentally or purposely inflicted.
E988 Injury by other and unspecified means, undetermined whether accidentally or purposely inflicted.
E989 Late effects of injury, undetermined whether accidentally or purposely inflicted.

INJURY RESULTING FROM OPERATION OF WAR (E990—E999)

E990 Injury due to war operations by fires and conflagrations
E991 Injury due to war operation by bullets and fragments
E992 Injury due to war operations by explosion of marine weapons
E993 Injury due to war operations by other explosion
E994 Injury due to war operations by destructions of aircraft
E995 Injury due to war operations by other and unspecified forms of conventional warfare
E996 Injury due to war operations by nuclear weapons
E997 Injury due to war operations by other forms of unconventional warfare
E998 Injury due to war operations but occuiring after cessation of hostilities
E999 Late effects of injury de to war operations

SUPPLEMENTARY CLASSIFICATION OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES.

Persons with potential health hazards related to communicable diseases (VO1—VO7)

VO1 Contact with or exposure to communicable disases.
VO2 Carrier or suspected carrier of infectious diseases.
VO3 Need for prophylactic vaccination and inoculation against bacterial diseases.
VO4 Need for prophylactive vaccination and inoculation against certain viral diseases.
VO5 Need for other prophylatic vaccination and inoculation against single diseases
VO6 Need for prophylatic vaccination and inoculation against combinations of diseases
VO7 Need for isolation and other prophylatic measures.

PERSONS WITH POTENTIAL HEALTH HAZARDS RELATED TO PERSONNEL AND FAMILY HISTORY (V10—V19)

V10 Personal history of maloignant neoplasm
V11 Personal history of mental disorder
V12 Personal history of certain other diseases
V13 Personal history of other diseases
V14 Personal history of allergy to medicinal agents
V15 Other personal history presenting hazaerrs to health
V16 Family history of Malignant neoplasm
V17 Family hostory of certain chronic disabling diseases
V18 Family history of certain other specific condition
V19 Family hostory of other conditions

PERSONS ENCOUNTERING HEALTH SERVICES IN CIRCUMSTANCES RELATED TO REPRODUCTION AND DEVELOPMENT (V20—V28)

V20 Health supervision of infant or child
V21 Constitutional Sates in development
V22 Normal pregnancy
V23 Supervision of high-risk pregnancy
V24 Postpartum care and examination
V25 Contraceptive management
V26 Procreative management
V27 Outcome of delivery
V28 Antenatal screening

HEALTHY LIVEBORN INFANTS ACCORDING TO TYPE OF BIRTH (V30—V39

V30 Singleton
V31 Twin, mate live born
V32 Twin, mate stillborn
V33 Twin, unspecified
V34 Other multiple, mates all live born
V35 Other multiple, mates all stillborn
V36 Other multiple, mates live and stillborn
V37 Other multiple, unspecified

V39 Unspecified

PERSONS WITH A CONDITION INFLUENCING THEIR HEALTH STATUS (V40—V49)

V40 Mental and behavioural problems
V41 Problems with special senses and othe special functions
V42 Organ or tissue replace by transplant
V43 Organ or tissue replace by other means
V44 Artificial opening status
V45 Other postsurgical states
V46 Other dependence on machines
V47 Other problems with internal organs
V48 Problems with head, neck and trunck
V49 Problesm with limbs and other problems

PERSONS ENCOUNTERING HEALTH SERVICES FOR SPECIFIC PROCEDURE AND AFTERCARE (V50—V59)

V50 Elective surgery for purposes other than remedying health states.
V51 Aftercare involving the use of plasti surgery
V52 Fitting and adjustment of prosthetic device.
V53 Fitting and adjustment of other device
V54 Other orthopaedic aftercare
V55 Attention to artificial openings
V56 Aftercare involving intermittent dialysis
V57 Care involivng use of rehabilitation procedures.
V58 Other and unspecified aftercare
V59 Donors.

PERSONS ENCOUNTERING HEALTH SERVICES IN OTHER CIRCUMSTANCES (V60—V68)

V60 Housing, household and economic circumstances.
V61 Other family circumstances
V62 Other psychosocial circumstsnces
V63 Unavailability of other medical facilities for care
V64 Persons encountering health services for specific procedure, not carried out.
V65 Other persons seeking consultation withhout complaint or sickness.
V66 Convalescence
V67 Follow-up-examination.
V68 Encounters for administratives purposes.

PERSONS WITHOUT REPORTED DIAGNOSIS ENCOUNTERED DURING EXAMINATION AND INVESTIGATION OF INDIVIDUALS AND POPULATIONS (V70—V82)

V70 Genera medical examination
V71 Observation and evaluation for suspected conditions
V72 Special investigations and examinations
V73 Special screening examination for viral diseases
V74 Special screening examination for bacterial and spirochaetal diseases
V75 Special screening examination for other infections diseases
V76 Special screening for malignant neoplasms
V77 Special creening for endocrinien, nutritional, metabolic and immunity disorders
V78 Special screening for disorders of blood and blood forming organs.
V79 Special screening for mental disorders and developmental handicaps
V80 Special screening for neurological, eye and ear diseases.
V81 Special screening for cardio vascular, respiratory and genito-urinary diseases.
V82 Special screening for other conditions.

DETAILS OF FOUR DIGIT SUB-CATEGORIES.

Detailed Code number.	*Name of diseased.*
(1)	(2)
002.0	Typhoid fever
002.1	Paratyphoid fevers A
002.2	Paratyphoid fever B
002.3	Paratyphoid fever C
002.9	Paratyphoid fever, unspecified
009.1	Colitis, enteritis and gastroenteritis of presumed infectious orgin.
009.3	Diarrhoea, of presumed infectious orgin
125.0	Bancroftian filarisasis
125.6	Other specified filariasis
125.9	Unspecified filariasis
125.7	Dracontiasis (Guinea-worm infection—Infection by Dracunculus medinensis).
575.1	Other Cholecystitis Cholecystities : NOS, Chronic — without mention of calculus Excludes :with cholelithiasis (574.—)
614.0	Acute salpingitis and oophoritis
614.2	Salpingitis and oophoritis, not specified a acute, subacute or chronic
626.0	Absence of menstruation Amenorrhoea (primary secondary)
626.5	Ovulation bleeding
642.4	Mild or unspecified pre-elclampsia Hypertension in pregnancy, childboirth or the puerperium , not specified as pre-existing , with either albuminuria or oedema, or both; mild or unspecified. Pre-eclampsia :— NOS, mild Toxaemia (pre-eclamptic) NOS, mild Excludes : albuminuria in pregnancy, without mention of hypertension (646.2) oedema in pregnancy, without mention of hypertension (646.1)
642.9	Unspecified hypertension complicating pregnancy child borth and the puerperium. Bypertension NOS, without mention of a.lbuminusria or oedema, complica-cating pregnancy, childbirth or the puerium.
720.0	Anklyosing spondlitis Rheumatoid aethritis of spine NOS
742.3	Congenitial hydrocephalus Aqueduct of Sylvisu : anomaly, obstruction, congenital, stenosis Atresia of foramina of Magendie and Luschka Hydrocephalus in newborn

Excludes : hydrocephalus :

Acquired (331.4)

due to co ngenital toxoplasmosis (771.2, 331.4)
with an y condition in 741.9 (741.0)

ANNEXURE II.

(*Vide paragraph* 954.)

List of Operations which should be shown in Statement C.

Class of operation.	*Nature of operation.*
(1)	(2)
1. Operation on tumours and cysts	(1) Excision. (2) Radium Treatment.
2. Operation on abscesses	....
3. Removal of foreign bodies	....
4. Operation on blood vessels	(This will include operation on arteries, veins and lymphatics.) (1) Operation on arteries. (2) Operation on Aneurysm. (3) Excision and injections. (4) Operations on lymphatic glands. (5) Others.
5. Operations on nerves	(1) Plastic operations. (2) Skin grafting. (3) Others.
6. Operations of the skin and subcutaneous tissues.	....
7. (*a*) Operations on bones	(1) Amputation. (2) Osteomylities. (3) Wiring, plating, grafting and pining etc. (4) For malignant neoplasm. (5) Osteotomy. (6) Others.
(*b*) Removal of simple fractures	....
8. Operations on joints	(1) Reduction of dislocation. (2) Tapping or aspirating. (3) Arthrotomy. (4) Disarticulation. (5) Others.
9. (*a*) Operations on muscles, Tendon Bursae and Fascie.	(1) Tenotomy. (2) Repair. (3) Other operations.
(*b*) Repair of wounds	....
10. Operations on the skull	(1) Trephining. (2) Elevation of depressed fractures. (3) Others.
11. Operations in the cranial cavity	(1) Gasserean Ganglionectomy. (2) Excision of tumour, Cysts. (3) Ligation of middle meningeal arteries (4) Other operations.
12. Operations on the spine, spinal cord and meninges.	(1) Removal of prolapsed discs. (2) Laminectomies. (3) Fixing the spine. (4) Others.

(1)	(2)
13. Operations on the face	(1) Congenital defects. (2) Other plastic operations.
14. Operations on the salivary glands	(3) Other operations
15. Operations on the eyelids	(1) Entropion. (2) Trachoma. (3) Others.
16. Operations on the lacrymal apparatus. ..	
17. Operations on the eye ball and ocular conjunctive.	(1) Operation on conjunctive. (2) Operation on cornea without mention of iris. (3) Operation on iris and cilliary bodies. (4) Operation for glaucoma. (5) Operation for cataract. (6) Operation. Enucleation and Evisceration . (7) Other operations.
18. Orbital operations	....
19. Operations within the mouth and on the Nasopharynx.	(1) Removal of tonsils with or without adenoids. (2) Operation on the tongue. (3) Operation for abscess in the pharynx. (4) Operation for malignant neoplasm. (5) Others.
20. Dental operations	(1) Extraction. (2) Filling. (3) Scaling. (4) Other operations.
21. Operations on the nasal cavities and accesses sinuses.	(1) Operation on septum. (2) Operation on sinuses. (3) Other operations.
22. Operations on the ear and mastoid process.	(1) Operation on mastoid antrum. (2) Plastic operation. (3) Other operations.
23. Operations on the larynx trachea and broncle. ..	(1) Tracheotomy. (2) Other operations
24. Operations on thyroid and parathyroid ..	
25. Operations on the oesophagus	(1) For malignant neoplasm. (2) Others.
26. Operations on the breast	(1) Mastectomy, simple and partial. (2) For malignant neoplasm. (3) Others.
27. Operations on the thorax and its contents.	(1) Drainage for emphyema. (2) Lobectomy. (3) Pneumonectomy. (4) Operation for congenital defects. (5) Others.
28. Hernias	(1) Direct. (2) Indirect. (3) Strangulated. (4) Others.
29. Operations on the stomach	(1) Partial gastrectomy. (2) Total gastrectomy. (3) Gastro-enteostomy. (4) For malignant neoplasm. (5) Others.

(1)	(2)
30. Operations on intestines	(1) Appendiectomy. (2) Illiostomy. (3) Collostomy. (4) Anastomosis. (5) Resection. (6) Reduction of hernia, volvulus and intu susception. (7) For malignant neoplasm. (8) Others.
31. Operaions on the rectum and anus ..	(1) Excision for malignant neoplasm. (2) Dilatation for stricture. (3) Operation for piles, fistula and fissure. (4) Others.
32. Operations on the liver, gull-bladder and bile ducts.	(1) Forcysts and abscess. (2) Cholecystectomy. (3) Cholecystomy. (4) Others.
33. Operaions on the paneress	....
34. Opertions on the spleen	....
35. Laparatomies for all oher causes	....
36. Operations on the kidneys	(1) Nephrolothotomy. (2) Nephrestomy. (3) Nephrectomy. (4) Others.
37. Operaions on the bladder	(1) Litholapaxy. (2) Suprapubic cystostomy. (3) Others.
38. Operations on the ureters	(1) Removal of stores. (2) Transplantion. (3) Others.
39. Operations on the prostate	
40. Operations on the urethra	(1) Dilatation. (2) Removal of calculi. (3) Others.
41. Operations on the male generative organs.	(1) Circumcision. (2) Amputation of penis. (3) For hydrocle, haematocele, etc. (4) Gastration. (5) For elephantiasis. (6) Others.
42. Operations on the female generative organs.	(1) For ectopic gestation. (2) For production of sterility. (3) Other operations on utrines adnexa. (4) Total hysterectomy with or without removal of adnexa. (5) Sub-Total hysterectomy. (6) Curettage with or without dilatation of the cervix. (7) Others. (8) Vaginal hysterectomy. (9) Plastic operation on cervix. (10) Operation on vagina and perineum (golporraphy and perineorraphy, etc.). (11) Operation for malignant neoplasm. (12) Other operations.

(1)	(2)
43. Obstetrical operations	(1) Induction of abortion and premature labour. (2) Version with or without extraction. (3) Application of forceps. (4) Destructive operations on foetus. (5) Caesarean sections. (6) Evacuation of pregnant uterus. (7) Manual removal of placents. (8) Immediate suture of torn perineum and cervix. (9) Other operations.

ANNEXURE III.

(*Vide paragraph* 953.)

Register for Data Required for Statement C.

Name of Institution.

Indoor.

	Attendances.			New admission.s			
Date.	Men.	Women.	Children.	Men.	Women.	Children.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Outdoor.

Exists.				New admissions.			
Cured.	Relieved.	Diesd.	Otherwise Discharged.	Men.	Women.	Children.	Total.
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

ANNEXURE IV.

(*Vide paragraph* 953.)

In-Patients and Out-Patients Classified by Diseases Treated (Daily Working Sheet).

N.B.—Age tabulation must also be done for Sub coded items.

Diseases Code Number.	Diseases Code Number.	Diseases Code Number.	Diseases Code Number.	Diseases Code Number.
(1)	(2)	(3)	(4)	(5)
001	010	024	038	052
002	011	025	039	053
002.0	012	026	040	054
002.1	013	027	041	055
002.9	014	028	042	056
003	015	029	043	057
004	016	030	044	058
005	017	031	045	059
006	018	032	046	060
007	019	033	047	061
008	020	034	048	062
009	021	035	049	063
009.1	022	036	050	064
009.3	023	037	051	065

Diseases code number.	Diseases code number.	Diseases code number.	Diseases code number.	Diseases code number.
(1)	(2)	(3)	(4)	(5)
066	129	191	254	317
067	130	192	255	318
068	131	193	256	319
069	132	194	257	320
070	133	195	258	321
071	134	196	259	322
072	135	197	260	323
073	136	198	261	324
074	137	199	262	325
075	138	200	263	326
076	139	201	264	327
077	140	202	265	328
078	141	203	266	329
079	142	204	267	330
080	143	205	268	331
081	144	206	269	332
082	145	207	270	333
083	146	208	271	334
084	147	209	272	335
085	148	210	273	336
086	149	211	274	337
087	150	212	275	338
088	151	213	276	339
089	152	214	277	340
090	153	215	278	341
091	154	216	279	342
092	155	217	280	343
093	156	218	281	344
094	157	219	282	345
095	158	220	283	346
096	159	221	284	347
097	160	222	285	348
098	161	223	286	349
099	..	224	287	350
100	162	225	288	351
101	163	226	289	352
102	164	227	290	353
103	165	228	291	354
104	166	229	292	355
105	167	230	293	356
106	168	231	294	357
107	169	232	295	358
108	170	233	296	359
109	171	234	297	360
110	172	235	298	361
111	173	236	299	362
112	174	237	300	363
113	175	238	301	364
114	176	239	302	365
115	177	240	303	366
116	178	241	304	367
117	179	242	305	368
118	180	243	306	369
119	181	244	307	370
120	182	245	308	371
121	183	246	309	372
122	184	247	310	373
123	185	248	311	374
124	186	249	312	375
125	187	250	313	376
126	188	251	314	377
127	189	252	315	378
128	190	253	316	379

Diseases code number. (1)	Diseases code number. (2)	Diseases code number. (3)	Diseases code number (4)	Diseases code number (5)
380	445	510	575	639
381	446	511	575.1	640
382	447	512	576	641
383	448	513	577	642
384	449	514	578	642.4
385	450	515	579	642.9
386	451	516	580	643
387	452	517	581	644
388	453	518	582	645
389	454	519	583	646
390	455	520	584	647
391	456	521	585	648
392	457	522	586	649
393	458	523	587	650
394	459	524	588	651
395	460	525	589	652
396	461	526	590	653
397	462	527	591	654
398	463	528	592	655
399	464	529	593	656
400	465	530	594	657
401	466	531	595	658
402	467	532	596	659
403	468	533	597	660
404	469	534	598	661
405	470	535	599	662
406	471	536	600	663
407	472	537	601	664
408	473	538	602	665
409	474	539	603	666
410	475	540	604	667
411	476	541	605	668
412	477	542	606	669
413	478	543	607	670
414	479	544	608	671
415	480	545	609	672
416	481	546	610	673
417	482	547	611	674
418	483	548	612	675
419	484	549	613	676
420	485	550	614	677
421	486	551	615	678
422	487	552	616	679
423	488	553	617	680
424	489	554	618	681
425	490	555	619	682
426	491	556	620	683
427	492	557	621	684
428	493	558	622	685
429	494	559	623	686
430	495	560	624	687
431	496	561	625	688
432	497	562	626	689
433	498	563	627	690
434	499	564	628	691
435	500	565	629	692
436	501	566	630	693
437	502	567	631	694
438	503	568	632	695
439	504	569	633	696
440	505	570	634	697
441	506	571	635	698
442	507	572	636	699
443	508	573	637	700
444	509	574	638	701

Diseases code number.	Diseases code number.	Diseases code number.	Diseases code number.	eases ode mber.
(1)	(2)	(3)	(4)	(5)
702	762	822	882	942
703	763	823	883	943
704	764	824	884	944
705	765	825	885	945
706	766	826	886	946
707	767	827	887	947
708	768	828	888	948
709	769	829	889	949
710	770	830	890	950
711	771	831	891	951
712	772	832	892	952
713	773	833	893	953
714	774	834	894	954
715	775	835	895	955
716	776	836	896	956
717	777	837	897	957
718	778	838	898	958
719	779	839	899	959
720	780	840	900	960
721	781	841	901	961
722	782	842	902	962
723	783	843	903	963
724	784	844	904	964
725	785	845	905	965
726	786	846	906	966
727	787	847	907	967
728	788	848	908	968
729	789	849	909	969
730	790	850	910	970
731	791	851	911	971
732	792	852	912	972
733	793	853	913	973
734	794	854	914	974
735	795	855	915	975
736	796	856	916	976
737	797	857	917	977
738	798	858	918	978
739	799	859	919	979
740	800	860	920	980
741	801	861	921	981
742	802	862	922	982
743	803	863	923	983
744	804	864	924	984
745	805	865	925	985
746	806	866	926	986
747	807	867	927	987
748	808	868	928	988
749	809	869	929	989
750	810	870	930	990
751	811	871	931	991
752	812	872	932	992
753	813	873	933	993
754	814	874	934	994
755	815	875	935	995
756	816	876	936	996
757	817	877	937	997
758	818	878	938	998
759	819	879	939	999
760	820	880	940	..
761	821	881	941	..

SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING*

External causes code number. (1)	External causes code number. (2)	External causes code number. (3)	External causes code number. (4)
E 800	E 851	E 901	E 951
E 801	E 852	E 902	E 952
E 802	E 853	E 903	E 953
E 803	E 854	E 904	E 954
E 804	E 855	E 905	E 955
E 805	E 856	E 906	E 956
E 806	E 857	E 907	E 957
E 807	E 858	E 908	E 958
E 808	E 859	E 909	E 959
E 809	E 860	E 910	E 960
E 810	E 861	E 911	E 961
E 811	E 862	E 912	E 962
E 812	E 863	E 913	E 963
E 813	E 864	E 914	E 964
E 814	E 865	E 915	E 965
E 815	E 866	E 916	E 966
E 816	E 867	E 917	E 967
E 817	E 868	E 918	E 968
E 818	E 869	E 919	E 969
E 819	E 870	E 920	E 970
E 820	E 871	E 921	E 971
E 821	E 872	E 922	E 972
E 822	E 873	E 923	E 973
E 823	E 874	E 924	E 974
E 824	E 875	E 925	E 975
E 825	E 876	E 926	E 976
E 826	E 877	E 927	E 977
E 827	E 878	E 928	E 978
E 828	E 879	E 929	E 979
E 829	E 880	E 930	E 980
E 830	E 881	E 931	E 981
E 831	E 882	E 932	E 982
E 832	E 883	E 933	E 983
E 833	E 884	E 934	E 984
E 834	E 885	E 935	E 985
E 835	E 886	E 936	E 986
E 836	E 887	E 937	E 987
E 837	E 888	E 938	E 988
E 838	E 889	E 939	E 989
E 839	E 890	E 940	E 990
E 840	E 891	E 941	E 991
E 841	E 892	E 942	E 992
E 842	E 893	E 943	E 993
E 843	E 894	E 944	E 994
E 844	E 895	E 945	E 995
E 845	E 896	E 946	E 996
E 846	E 897	E 947	E 997
E 847	E 898	E 948	E 998
E 848	E 899	E 949	E 999
E 849	E 900	E 950	
E 850			

CHAPTER XXXVIII.

REPORTS, RETURNS, REGISTERS, FORMS AND RECORDS.

986. Deleted.

987. Form.—(i) A list of forms which have been prescribed exclusively for use in the Medical Department is given in Part III of the Printing Manual, under the heading "Medical Forms"

(ii) Medical Officers of all institutions in districts (other than those which are in charge of Civil Surgeons or Officers of higher rank) should submit their annual indents for the several kinds of forms and registers required by them in the prescribed forms to their respective District Medical Officers, who should complie consolidated indents and forward them to the Office of the Director of Health Services and Family Planning on the due dates. Other heads of institutions will submit their indents for forms direct to the Office of the Director of Health Services and Family Planning.

(iii) District Medical Officers, who submit consolidated indents to the Office of the Director of Health Services and Family Planning should satisfy themselves that the forms and registers intended for by Medical Officers are necessary and,, in the case of medical forms and registers, that their supplies are authorised to the institutions concerned. In the case of indents for medical and other forms from Medical Officers in charge of Panchayat Union, Municipal and Private Medical institutions of modern medicine and rural dispensaries of modern medicine District Medical Officers should further satisfy themselves that the free supply of the forms intended for is authorised. These institutions are entitled to the free supply of only those forms and registers that are necessary, (1) for the preparations and submission of annual statistical reports and other returns required by Govetnment and (2) for medico-legal and other Government work carried out in those institutions. Other forms required, purely for the administration of the institutions, such as out-patients tickets, diet sheets, temperature charts, stock ledgers,etc., should be provided for by the managements of the institutions concerned and they should therefore be eliminated from the indents.

(iv) When preparing indents, the instructions printed on the outer cover of common Form No. 349 should be carefully observed.

(v) Medical Officers should maintain in their officers a stock book of all forms and books in common Form No. 345.

(vi) Emergent requisitions should be submitted in the same forms, as for annual indents with full explanation as to the necessity for an intermediate supply.

(vii) All forms and registers whether common or medical should invariably be referred to by their members.

(G.Os. No. 674, Public dated 25th June 1896 and No. 1222, Public dated 14th November 1896, S.O. 144, dated 30th November 1896 and G.O. No. 1263, Public Health, dated 18th June 1925.)

988. Supply of medical forms to local bodies, private medical institutions, etc.—(1) Lists of the medical forms and registers which are supplied free of cost to local bodies on annual indent for use in Panchayat Union and municipal medical institutions including rural dispensaries of modern medicine and also to private medical institutions of modern medicine are given below:—

I. *List of forms and registers supplied free of cost to Panchayat Union and Municipal medical institutions.*—(*a*) For the preparation and submission of annual statistical returns and other reports required by Government.

	Group and Serial Number.	*Name and description of form.*
	(1)	(2)
Group I—	9	Nominal Register of out-patients.
	10	Nominal register of in-patients.
	12	Operation register of in-patients.
	20	Daily register showing diseasex of in and out-patients.
	21	Daily register showing the classes and sexes of in and out-patients.

Group and Serial Number.		Name and Description of form.
(1)		(2)
	161	Statement A
	162	Statement B
	163	Satement C
	164	Statement D
	165	Statement E
	166	Statement F
	167	Statement G
	168	Statement III B
Group III-F 2	.. .. ..	Leprosy Treatment Register.
Group III-F 3	.. .. ..	Leprosy Registration Register.

(b) For medico-legal and other Government work —

Group I—	24	Wound certificate book.
	25	Accident Register.
	26	Intimation of accidents and injuries to Police.
	28	Post-mortem Report and Register.
	29	Post-mortem certificate book.
	30	Post-mortem examination report to be forwarded to the Director, Tamil Nadu Forensic Science and Chemical Laboratory.
	36	Form to accompany specimens for examinations at King Institute, Guindy.
	77	Admission and discharge certificate.
	84-B	Report on death from unnatural cases occurring in hospitals.

II. List of forms and registers supplied free of cost to rural dispensaries of modern medicine—

Group I—	12	Nominal register of out-patient—second size.
	16	Operation register.
	21	Daily register showing diseases.
	22	Daily register of classes and sexes.
	36	Form to accompany specimens for examinations at the King Institute, Guindy.
	142	Stock ledger for medicines, surgical instruments and appliances.
	161	Statement A
	162	Statement B
	163	Statement C
	164	Statement D
	165	Statement E
	166	Statement F
	167	Statement G
	168	Statement III-B

III. List of forms and registers supplied free of cost to private medical inititutions of modern Medicine —

Group I—	11	Nominal register of out-patients—first size.
	13	Nominal register of in-patients —first size.

Group and Serial Number.	*Name and Designation of form.*
(1)	(2)
Group I— 15	Operation Register.
21	Daily register showing diseases of in and out-patients.
22	Daily register showing the classes and sexes of in and out-patients.
161 to 168	Annual Statistical Statements A to G and III-B

2. The requirements of the local bodies and private medical institutions in respect of such of the standardised medical forms (other than those prescribed for free supply) as are included in Appendix G to the Printing Manual, should be purchased from the Director of Stationery and Printing, Madras-1.

(G.Os. No. 2129, Public Health, dated 11th October 1932, No. 1193, Public Health, dated 20th May 1935, No. 3574 Public Health, dated 21st December 1937, and No. 210, Public Health, dated 16th January 1940 and Surgeons-General's P.No. 3/A-47, dated 11th January 1947).

3. As regards the supply of other medical forms not covered by sub-paragraphs (1) and (2) above, the local bodies concerned and private medical institutions should make their own arrangements for printing the forms required by them.

989. **Supply of Typewriters and Printed forms.**—"Rules regarding the supply of typewriters and printed forms to Government Medical Institutions are contained in the Stationery Manual. Regarding the supply of Stationery articles, indents have to be placed to the Director of Stationery and Printing, Madras-1 for the supply of items available with the Director of Stationery and Printing, Madras-1. The remaining items can be purchased locally by the Head of Institutions.

(Government Memo. No. 8852/E-2/72, Transport, dated 6th August 1973).

990. **Books to be kept for reference in hospitals and dispensaries, etc.**—(A) Books to be maintained in hospitals and dispensaries. The following books (latest edition) should be maintained in civil hospitals and dispensaries in this State.—

1. British Pharmacopoeia.
2. Indian and Colonial Addendum to the British Pharmacopoeia—Government of India Edition.
3. Clinical Handbook of Crime Analysis.
4. The Art of Dispensing.
5. Madhusudhana Rao's Manual for Maternity Assistants published by the Countess of Dufferin's Fund (English Edition).
6. Nomenclature of Diseases.
7. Shellen's Test Type Book.
8. Tamil Nadu Medical Code.
9. The Tamil Nadu Plague Regulations and Rules.
10. Indian Lunacy Act.
11. Government Servants' Conduct Rules.

(B) Books to be maintained in District Medical Officer's Office.—The following books (latest edition) should be available in the office of each District Medical Officer and Civil Surgeon. Books kept in the District Medical Officer's Office need not be supplied to the District Headquarters' Hospital.—

(*a*) Financial Codes, etc.—(1) Tamil Nadu Financial Code. Volumes I and II.
(2) Tamil Nadu Treasury Code, Volumes I and II.
(3) Tamil Nadu Manual of Special Pay and Allowances.
(4) Fundamental Rules and Subsidiary Rules of the Government of Tamil Nadu.
(5) Panchayat Union Manual.
(6) Municipal Account Code.
(7) Stationery Manual.
(8) Budget Manual
(9) Tamil Nadu Pension Code.

(*b*) Departmental Codes and other book.—

(10) Tamil Nadu Medical Code.
(11) Civil Medical List.
(12) Files of Medical Journals supplied.
(13) Annual Report on Civil Hospitals and Dispensaries.
(14) Annual Report on Mental Hospitals (only in places where there are Mental hospitals).
(15) Tamil Nadu Services Manual.
(16) Mental Hospital Code.
(17) Nomenclature of Diseases.
(18) Tamil Nadu Medical Register.

(*c*) Books of general reference.—

(19) District Gazette
(20) Tamil Nadu Government Gazette.
(21) Acts V and XIV of 1920 (District Municipalities Act, Tamil Nadu Panchayat Union Acts and the Panchayats Act) and by laws issued under the Acts.
(22) Towns Nuisances Act.
(23) Places of Public Resort Act.
(24) Famine Code.
(25) Factories Act.
(26) Tamil Nadu Prison and Reformatory Manual.
(27) District Office Manual.
(28) Government Servant's Conduct Rules.
(29) Tamil Nadu Public Health Act.

(C) Books to be maintained in Jail Hospitals.—The books returns and records to be main tained in Jail hospitals are given in the Tamil Nadu Prison and Reformatory Manual.

(D) Books to be maintained in Police hospitals.—The following books, registers and records should be maintained in Police hospitals.—

(1) Nominal registers of in and out-patients—M.F. Group I, Nos. 11 to 14.
(2) Recruit register.
(3) Prescription book.
(4) Stock book in printed form—M.F. Group I—Nos. 141, 142 and 142-B.
(5) Letter book.
(6) Case book.
(7) Gazetted Officer's Case book.
(8) Register of expenditure of extras.
(9) Visitor's Book.
(10) Hospital order book for circular or other orders received.
(11) British Pharmacopoeia.
(12) Nomenclature of diseases, latest edition.
(13) Quarterly sheets, standing orders and circulars bound with indices.
(14) Cholera register.
(15) Admission and discharge certificate book in counterfoil—M.F. Group I—No. 67.
(16) Stock Book of Civil Medical Forms.
(17) Tamil Nadu Medical Code.

991. Retention and destruction of records.—The following rules apply to the retention and destruction of records in Government Medical Institutions.—

(1) Records containing correspondence regarding the history, establishments or re-organization of the particular institution or department and all records containing matters of permanent interest require to be carefully preserved.

(2) Registers and indices of correspondence should always be retained.

(3) When the Government have prescribed a minimum period after which the records of a particular kind may be destroyed the head of a department or any other authority duly authorized to do so, may order in writing that such records in his own office and the offices subordinate to him shall be destroyed on the expiry of that period counting from the last day of the latest financial year to which the records relate. Such records should be destroyed in the presence of the officer concerned. Before the head of an office allows any pay bills or acquittance rolls to be destroyed, he should take care to satisfy himself that the procedure in regard to the maintenance and verification of service books prescribed in rules 6 and 12 of the subsidiary rules under Fundamental Rule 74(a)(iv) contained in Part III of Annexure II of the Fundamental Rules has been strictly followed in regard to those pay bills of acquittance rolls.

(4) The read of a department is competent to sanction the destruction of such other records in his own office and the offices subordinate to him as he considers to be useless, but he should forward a list of such records as properly appertain to the Accountant-General and await his concurrence in their destruction before ordering them to be destroyed.

(5) Every head of an office should see that lists showing of full details all records destroyed from time to to time are properly prepared and retained permanently.

(6) The following records should on no account be destroyed.—

(i) Records connected with expenditure which is within the period of limitation fixed by law ;

(ii) Records connected with expenditure on projects, schemes or works which have not yet been completed eventhough the expenditure is not within the period of limitation fixed by law;

(iii) Records connected with claims to service and personal matters affecting Government servants who are still in service ; and

(iv) Orders and sanction of a permanent character until revised.

NOTES (1)—Service books and other papers relating to a claim for a gratuity should be retained until the claim in attains 55 years of age or dies, whichever is earlier, and also until orders have been passed on the claim.

(2) In regard to service books of Government servants who have been dismissed or discharged or have resigned or died whilst in service—*See* rules 15 to 17 of the subsidiary rules under Fundamental Rule 74 (*a*), (iv) contained in Part III of Annexure II of the Fundamental Rules.

(3) Discretion should be exercised in the retention of any document for longer period whenever special circumstances demand such retention.

(7) A list of important registers and records to be maintained in State hospitals and dispensaries with their periods of retention is given below;

Serial number. (1)	Particulars of registers and records. (2)	Period of retention (3)	Remarks. (4)
	Professional records.		
1.	Cash book	Permanent	
2.	Cash sheets of scientific interest along with respective radiographs as museum specimens.	Do.	
3.	Death Register	Do.	
4.	Nominal Register of in-patients	20 years	
5.	Operation Register (Major and Minor)	Do.	
6.	Accident Register	12 years.	
7.	Post-mortem Register	Do.	
8.	Post-mortem Certificate Book in counterfoil	..Do.	
9.	Wound Certificate Book in Counterfoil	Do.	
10.	Midwifery Register	5 years.	
11.	Register of private cases wehree hospital instruments are used.	Do.	(after the close of the books.)
12.	Cholera Register	3 years.	
13.	Daily Registers showing the diseases of in and out-patients	Do.	
14.	Hospital Statistics (including manuscript register for annual statistics.)	Do.	

(1)	(2)	(3)	(4)
15.	Medical Certificate Book	3 years.	
16.	Nominal Register of out-patients	Do.	
17.	Operation Register (Dental Department)	Do.	
18.	Operation Register (Out-patient Department)	Do.	
19.	Register of classes and sexes	Do.	
20.	Requisition sent by ward Medical Officers for electrical treatment and radium.	Do.	When the patient is discharged the case sheet should be typed preserved for 3 years..
21.	Ward prescription book	Do.	
22.	Declaration from taken from the patients	Till audit is over	
23.	Requisition sent by private medical practitioners for X-ray examinations.	Do.	
24.	Admission and discharge certificate book in counterfoil	1 year	
25.	Register showing intimation of accidents to the Police.	Do.	

(G.O. Ms, No. 1903 P.H., dated 28th August 1933, SurgeonGeneral's circular P. No. 235, H, dated 28th August 1939, Surgeon-General's Circular P. No. 95, H., 18th March 1940).

Other records.

(1)	(2)	(3)	(4)
26.	Hospital Order Book	Permanent	
27.	Visitor's Book	Do.	
28.	Pay bills and when maintained separately, acquittance rolls of Government servants in inferior service.	45 years	
29.	Annual returns of establishments (books of establishment)	35 years.	
30.	Establishment orders	Do.	
31.	Pay bills and when maintained separately, acquittance rolls for pay and allowances (Other than travelling allowances) of Government servants for whom no establishment retruns are submitted or no service books or service rolls are maintained	Do.	
32.	Cash book	25 years.	
33.	Cheque conterfoils	Do.	
34.	Leave registers	20 years	
35.	List of securities in trust	25 years.	
36.	Pension cases (including service books and leave accounts accounts attached thereto) in which or compensation pension has been sanctioned.	Do.	
37.	Receipt for repayment of deposits	25 years.	
38.	Stock books	Do.	
39.	Pay bills and when maintained separately, acquittance rolls for pay and allowances (other than travelling allowances) of Government servants for whom estsblishments returns are submitted and service books or rolls maintained.	6 years.	
40.	Subsidy bills and acquittance rolls of medical practitioners and maternity assitants.	6 years.	
47.	Detailed budget estimated	5 years.	
42.	Mortality return of pensionners	Do.	
43.	Ordinary routine correspondence	Do.	
44.	Pension cases other than invalid or compensation pension (including service books and leave accounts attached thereto.	Do.	After the retirement of the officer concerned.
45.	Register of contingent expenditure	Do.	
46.	Applications for additional allotments	3 years.	
47.	Applications for remittance Transfer Receipts	3 years.	
48.	Applications for case orders	Do.	
49.	Breakage book	Do.	
50.	Chălans and remittance books	Do.	
51.	Contingent bills and sub-vouchers	Do.	
52.	District-war distribution of sanctioned grants	Do.	
53.	Demi-official books	Do.	
54.	Diet register	Do.	
55.	Extracts of actuals from Accountant-General	Do.	

(1)	(2)	(3)	(4)
56.	Fine returns	3 years.	
57.	District Gazettes excepting those in which may important notification or orders are published. ..	Do.	
58.	Indents for stores. forms. etc.	Do.	
59.	Invoices of supplies to other departments	Do.	
60.	Last Pay certificates..	Do.	
61.	Leave accounts of non-gazetted Government servants	Do.	(After date retirement.
62.	Objection slips	Do.	
63.	Periodical Publications superseded by later issues (e.g. almanaes, Civil Medical Lists, etc.)	Do.	
64.	Proposition statement	Do.	
65.	Permanent advance acknowledgements	Do.	
66.	Receipts granted for money received	Do.	
67.	Receipt book for police expenses	Do.	
68.	Register of increments	Do.	
69.	Sale of medicine book	Do.	
70.	Transfer of charge certificate	Do.	
71.	Travelling, allowances bills and acquittnace rolls of travelling allowances	Do.	
72.	Treasury Pass books	Do.	
73.	Statement of monthly progressive expenditure and Correspondence relating to discrepancies in figures.	2 yeras.	
74.	Advisory Committee Proceedings books		
75.	Letter book		
76.	Register of letters received		
77.	Register of letters despatched:		
78.	Stock book of Medical Forms		
79.	Out-patients prescription book		
80.	Distribution Register	After 5 years.	
81.	Personal Register	Do.	
82.	New case register	Do.	

(G.O. Ms. No. 2499, Public (Services), dated 4th October 1951 B.P. No. 38, Press, dated 22nd October 1951.)

(1)	(2)	(3)	(4)
83.	Fair copy register	After 3 years.	
84.	Despatch by post and local delivery book	Do.	
85.	Stamp account	Do.	
86.	Periodical registers	Do.	
87.	Call books	Do.	
88.	Security register	After 10 years provided all the valuables entered therein have been duly accounted for.	
89.	Copy application register	After 10 years.	
90.	Record Issue Register	After 3 years	
91.	Government suits register	10 years.	
92.	Pauper suits register	Do.	

(G.O. Ms. No. 387, Public (Services), dated 8—5—1933, B,P, No, 37, Press, dated 1—6—1933)

(1)	(2)	(3)	(4)
93.	Register showing hour, etc., of handing over and taking back the sealed bag containing the key of the record room.	After one year.	
94.	Arrear lists maintained in form VII and 'X' and given in Appendix.	After three years.	
95.	Running note files to the Personal and Periodical registers and other special registers.	After three years.	
96.	Security bonds and connected papers (after lapse) ..	After one year.	
97.	Conduct sheets and confidential records of Government servants.	Five years from the date of their retirement resignation, removal or dismissal.	

98.	Conduct sheets and confidential records of deceased Public servants	one year from the date their dath.
99.	Casual leave register and casual leave applications ..	one year after the year to which they relate.
100.	Tamil Nadu Government Gazette	ten years (After 10 years the act. and rules which are appended may be detached and kept).

(Government of Tamil Nadu Circular Memorandum No. 34/72 1, Public (Inspection-A) Department, dated, 27th January 1972.)
(G.O. No. 222, Public Health, dated 3rd February 1930 and Article 326 of the Tamil Nadu Financial Code, Volume I.)

Chapter XXIX.

MISCELLANEOUS.

992. **Medical Council of India--Constitution and functions.**—(1) The Medical Council of India has been constituted under section 3(1) of the Indian Medical Council Act, 1956, in order to establish a uniform minimum standard of higher qualification in machine for all States.

(2) The Executive Committee of the Medical Council of India shall appoint such number of medical inspectors as it may deem requisite to attend at any or all of the examinations held by medical institutions in India for the purpose of granting recognised medical qualifications.

(3) The Director of Medical Education is ordinarily nominated by the State Government as a member of the Medical Council of India under section 3 (1) of the Indian Medical Council Act, 1956.

993. **Medical qualifications recognised by the Medical Council of India.**—The medical qualifications granted by medical institutions in universities in India included in the first schedule of Indian Medical Council Act, 1956, are registerable in the Tamil Nadu Medical Council.

(Government Letter No. 3291-OM/51 Health, dated 9th August 1959)

994. **Tamil Nadu Medical Council.—Constitution and functions.**—The Tamil Nadu Medical Council consisting of fifteen members, has been established under the provisions of theTamil Nadu Medical Registration Act, 1914, having for its object the registration of medical practitioners in the State of Tamil Nadu. The constitution and functions of this Council are incorpo rated in the Medical Registrar for 1971, published by the authority of the Tamil Nadu Mediel Council.

995. **Registration of Medical Practitioners Essential.**—Under section 4 of the Tamil Nadu Medical Registration Act--(1) no certificate required by law to be given by a Medical Practitioner or officer is valid unless signed by a registered practitioner; and (2) except with the special sanction of the Government, no one other than a registred practitioner is competent to hold any appointment as Physician, Surgeon or other Medical Officer in any Hospital Asylum, Infirmary, Dispensary or Lying-in-Hospital, not supported entirely by voluntary contributions or as Medical Officer of Health—*See* also paragraph 847 (i).

Note.—The provision in this paragraph is however subject to any general or special orders which may be issued by the State Government in regard to Medical Practioners of Indian Medicine.

996. **The Tamil Nadu Nurses and Midwives Act.**—The Registration of Nurses, Midwives Auxiliary Nurse Midwives and Health Visitors in the State of Tamil Nadu is regulated by the following Acts :—

(1) Tamil Nadu Nurses, Midwives Act, 1926.

(Come into force from 14th Februaiy 1928.)

(2) The Tamil Nadu Nurses and Midwives (Amendment) Act, 1960.

(3) G.O. Ms. No. 1011, Health, dated 2nd May 1964.

997. **Constitution and functions of the Tamil Nadu Nurses and Midwives Councils.**—(*a*) The Tamil Nadu Nurses and Midwives Council has been established under the provisions of the Tamil Nadu Nurses and Midwives Act, 1926, having for its object, the registration of Nurses and Midwives in the State of Tamil Nadu. The object of registrations was extended to Auxiliary Nurse Midwives and Health Visitors by the Tamil Nadu and Midwives (Amendment) Act, 1960, which was later confirmed and published in G.O. Ms. No. 1011, Health, dated 2nd May 1964. The constitution and functions of the council are laid down in the above Acts. The Director of Health Services and Family Planning is the President of the Council.

(*b*) The Council shall hold not less than two and not more than three ordinary meetings every year at such times as the President may fix. An extraordinary meeting of the Council may be held by the President at any time and shall be summoned by him on a written requisition signed by not less than six members of the Council stating the purpose for which the meeting is being called.

998. Registration essential for Nurses, Midwives, Auxiliary Nurse Midwive and Health Visitors.—Except with the special sanction of the Government, no person shall be competent to hold an appointment as Nurse, Midwife or Auxiliary Nurse Midwife and Health Visitor in any hospital, dispensary or infirmary not supported entirely by voluntary contributions. unless such person is registered as Nurse of Midwife, Auxiliary Nurse Midwife or Health Visitors under this Act.

999. Public Health Boards—(i) *Constitution.*—A Public Health Board has been constituted under section 4 (1) of the Tamil Nadu Public Health Act, 1939, for the State of the Tamil Nadu consisting of the following members, namely :—

(*a*) The Minister for Public Health.

(*b*) the Minister for Local Administration ;

(*c*) three members of the Tamil Nadu Legislature nominated by the Government ;

(*d*) the Director of Health Services and Family Planning ;

(*e*) the Additional Director of Health Services and Family Planning ;

(*f*) the Sanitary Engineer ; and

(*g*) one other officer of Government, nominated by the Government ;

The members of the Legislature nominated by the Government shall hold office for a period of one year from the date of nomination but shall be eligible renomination.

The Minister for Public Health is the President of the Public Health Board and the Additional Director of Health Services and Family Planning is its Secretary.

(ii) *Functions of the Board.*—(*a*) The Public Health Board shall advise the Government on such matters, as the Government may, from time to time, refer to it.

(*b*) The meetings of the Board and mode of transaction of business at such meetings shall be governed by such regulations as may be framed by it.

1000. The Tuberculosis Association of India.—The Tuberculosis Association of India was formed in 1939 incorporated the King Emperor's Anti-Tuberculosis Fund and King George Thanks—giving Anti-Tuberculosis Fund. The President of the Indian Union is the Patron of the Association. Its President is elected every three years by its Central Committee. The Director General of Health Services, New Delhi, is the *ex-officio* Chairman of the Central Committee of the Association. Every State in India has a State Tuberculosis Association which is affiliated to the Tuberculosis Association of India. The Tuberculosis Association of Tamil Nadu is one of them. Under rule 3 (ix) of the Tuberculosis Association of India and with Bye-law 17, every affiliated Association has a representative on its Central Committee. The Director of Health Services and Family Planning, Tamil Nadu, may be elected as a member of the Central Committee of the Tuberculosis Association of India as a representative of the Tamil Nadu T.B. Association from time to time and hold office for a period of three years.

(Vide Bye-Laws 15 and 17 (b) of the Association.)

1001. The Tuberculosis Association of Tamil Nadu.—(i) The Tuberculosis Association of Tamil Nadu has been registered under the Societies Registration Act and its activities extend to the whole of Tamil Nadu. The Office of the Association may be either located at Madras or at such other place or places as the Governing Body of the Association may from time to time direct.

(ii) The objects of the Association are mainly—

(*a*) The prevention, control, treatment and relief of tuberculosis ;

(*b*) the encouragement of, and the assistance in, the establishment throughout the State or a district and other associations having objects similar in whole or in part to the object of the Association ;

(*c*) the affiliation or control of, and the rendering of assistance (financial or otherwise) to any association or Institution having objects similar in whole or in part to the objects of the Association ;

(*d*) the administration of endowments having for all or any of their objects, the prevention control, treatment and relief of the tuberculosis ;

(*e*) the collection, management and disbursement of funds raised or to be raised for all or any of the objects of the Association ;

(*f*) the acquiring of sites for bulidings, the alteration of buildings, enlarging and maintenance of, or assistance to tuberculosis dispensaries, clinics, sanatoria and after-care settlements or similar organizations for tuberculosis curative and preventive work at suitable centres throughout the State ;

(*g*) the taking over of the assets and/or activities of any person or body for the advancement of the object of the Association ;

(*h*) the purchase or acquisition on lease or in exchange or by way of gift or otherwise of any real or personal or immovable or movable, property and any rights of privileges necessary or convenient for the pursposes of the Association ;

(*i*) the sale, improvement, management, development, mortgage, lease, exchange or disposal of all or any part of the property and right of the Association ;

(*j*) the borrowing of money with or without security ;

(*k*) the establishment and maintenance of Provident Fund or Pension Funds for the benefit of the employees of the Association ;

(*l*) the doing of all such things as are incidental or conductive to the attainment of the above subjects or any of them or which may be conveniently done along with or as subsidiary to the said objects.

(iii) The Governor of Tamil Nadu shall be the President of the Association.

(iv) The Minister administering the subject of Public Health and Director of Health Service and Family Planning shall respectively be the Chairman and Vice-Chairman of the State Committee of the Association.

1002. The Association of the Pasteur Institute of Southern India, Coonoor—(1) *Constitution.*—(a) The Association, which was founded in 1906, is a private body registered under the Societies Act, 1860. The income of the Association is derived partly from voluntary contributions, partly from endowments and partly from revenue accruing from the sale of antriabies vaccines.

The affairs of the Association are governed by a Central Committee which is composed partly of ex-officio and partly of elected members.

(*a*) The ex-officio are generally senior officials serving under the various State Governments (i.e., Tamil Nadu, Andhra Pradesh, Karnataka, etc.), or, the Central Government Offices, located in South India.

(*b*) The Director of Health Services and Family Planning is an ex-officio member of the Central Committee and the President of the Association.

(2) *Objects.*—The objects of the Association are—

(*a*) to make available effective means of preventing the occurance of rabies ;

(*b*) to spread the knowledge of such means among the public ; and

(*c*) to undertake research work on babies or any other diseases in so far as the funds of the Association permit and the staff of the Institute is qualified to undertake such investigations.

1003. The Indian Red-Cross Society, Tamil Nadu State Branch.—The Tamil Nadu State Branch of the Indian Red-Cross Society is constituted under the provision of section 8 of the Indian Red Cross Society Act of 1920 to carry out and abide by the objects and purposes specified therein r as may hereafter, from time to time, be modified. The Director of Health Services and Family Planning is the ex-officio member of the society.

1004. St. John Ambulance Association acts with its Indian Council at Headquarters, New Delhi.—St. John's Ambulance Association was established on 1st October 1909, April 23rd under the name of *South Indian Provincial Centre.* Later in the year 1959 t iwas changed as *Madras State Centre* and in the year 1969 it was *Tamil Nadu State Centre.* It is functioning as a separate body under General Regulation of its own with a separate constitutional body having no truck with any other organisation.

II. *Aims and Objects.*—(i) The aim of the order of the Hospital of St. John is to encourags and promote all works of humanity and charity for the relief of persons in sickness, distress suffering and danger without distinction of race, class or creed.

(ii) The object of the Association are—

(*a*) The instruction of persons in rendering first aid in cases of accident or sudden illness and in the transport of the sick and injured.

(*b*) The instruction of persons in the elementary principles and practice of nursing, and also of hygiene and sanitation, especially of a sick room.

(*c*) The manufacture and distribution by sale or presentation of ambulance material, and the formation of ambulance depots in mines, factories and other centres of industry and traffic.

(*d*) The organization of ambulance corps, invalid transport corps and nursing corps.

(*e*) And generally the promotion of instruction and carrying out of works for the relief of the suffering of the sick and injured in peace, and war independently of class, nationality or denomination.

III. *Organisation of the Scheme in Tamil Nadu.*—(a) The State Centre of the Association is an instructional body consisting of members and associates with the Government of Tamil Nadu as the President of the Association. There is also a Vice-President and a Chairman of the Association.

(*b*) The St. John Ambulance Brigade, No. IV (Madras) District, is an organized and disciplined body consisting of qualified candidates. It is part of the St. John Ambulance Association with an independent internal organization of its own. The Director of Health Services and Family Planning is the ex-officio Commissioner of the Brigade. Its object is to act an organized and manner to render practical aid in day-to-day national emergencies.

1005. Countess of Dufferin's Fund, Tamil Nadu Branch.—(a) *Objects.*—The objects with which the National Association for supplying medical aid by women of India (the Countess of Dufferin's Fund) was formed, are –

(i) The interest accruing annually on the fund, the subscriptions, donations to the fund and the sale proceeds of the Midwifery Manual shall be utilised for medical tuition of women including the teaching and training in India of women as qualified medical practitioners, Nurse and Maternity Assistants and other medical auxiliaries. All the money that may not be utilised for the said purposes and for the maintenance of the Countess of Dufferin's Fund shall be accumulated and invested, from time to time, in the manner suggested by the Administrator of the fund in consultation with the Treasurer of Charitable Endowments, Tamil Nadu and added on to the corpus of the Fund.

(*b*) *President and Vice-President.*—The Governor of Tamil Nadu is the patron of the Association in Tamil Nadu and Her Excellency is the President. The Director of Medical Education is the ex-officio Vice President of the Fund.

(*c*) *Administrator.*—The Director of Medical Education shall be the Administrator of the said Fund. He will carry out the decisions of the Executive Committee in the matter of grant of scholarship and general management of the Fund.

The fund shall be audited by the Examiner of Local Fund Accounts ,Madras. once a year.

1006. Deleted.

Chapter XXX.

PROGRAMME RELATING TO FAMILY PLANNING, EMPLOYEES STATE INSURANCE AND PRIMARY HEALTH CENTRES.

Section 1.

FAMILY PLANNING PROGRAMME.

§ 1007. (1) *State Family Planning Board.*—For the Intensive implementation of the programme, it was considered necessary to establish a suitable organisation in the State. The Government therefore reconstituted the State Family Planning Board in their G.O. Ms. No. 2140, Health, dated 16th August 1971 with the Minister for Health as Chairman and officials and non-officials as Members.

The Government also created the post of State Family Planning Officer in the year 1956 charge with the duty of attending to the administrative work relating to the implementation of the Family Planning Scheme in this State.

In 1962, a District Family Planning Committee was set up in each district with the Collector of the District as Chairman. The other members of the Committee were representatives from Panchayat Union Councils, Municipalities, Voluntary Organisations, Women's Welfare Department, etc., The proceedings of the District Family Planning Committee were required to be made available to State Family Planning Board for review at its meetings. The Committee was last reconstituted in G.O. Ms. No. 111, Health, dated 19th January 1970.

(2) *State Family Planning Bureau.*—A State Family Planning Bureau has been established as a part of the Directorate of Health Services to plan. to implement the various aspects of the programme in G.O. Ms. No. 1483, Public Health Department, dated 20th September 1967. The Bureau is headed by State Family Planning Officer in the grade of Deputy Director. He is assisted by three Regional Assistant Directors at Coimbatore, Madurai and Thanjavur, the Deputy and staff.

(3) *District Level.*—The District Family Planning Bureau which forms a part of District Health Organisations implements the programme in the Urban and Rural Centres and Sub-Centres *vide* G.O. Ms. No. 456, Health and Family Planning, dated 13th March 1968. It also undertake Mass Education and Motivation in the people. The Bureau is headed by District Family Planning Officer who is the grade of a Civil Surgeon. He is assisted by Mass Education and Information Officer, Extension Educators, Administrative Officer and Statistical Assistant. The Bureau is provided with Audio-visual vans.

(4) *Peripheral Level.*—The Primary Health Centres (which is one for each Block or for 80,000 population) are strengthened with additional components of Medical, Para-Medical. Extension Educators and Statistical staff *vide* G.O. Ms. No. 2460, Health Education and Public Health Department, dated 8th December 1965. It provides services for sterilisation and I.U.C.D. Insertions. It acts as a focal point for eduational and motivational. work. Each Primary Health Centre has Sub-Centres at the rate of one for 10,000 population which is manned by an Auxiliary Nurse Midwife. The Auxiliary Nurse Midwife takes care of Maternal and Child Health and Family Planning work in her area. In addition there is a Family Planning Health Inspector for 20,000 population to enumerate, motivate and organize Family Planning work in the area.

(5) *Urban Centres.*—In the urban areas the Family Planning work is mainly organised through Urban Family Welfare Planning Centres (one for 50,000 population) which are organized by Voluntary Organizations, Local Bodies, etc., Urban Family Planning Centres fucntion with Maternal and Child Health Centres (*vide* G.O. Ms. No. 2347, Health, dated 12th December 1969.)

(6) *Services.*—The reorganised Family Planning Programme is being implemented in the c District Family Planning Bureau and 374 Rural Family Planning Units. The idea of rerorganising the Blocks is mainly to carry the Family Planning message to the doors of the eligible ouples instead of their coming to Family Planning Centres.

(7) *Facilities Provided*.—Government have provided the following facilities for fathers and mothers undergoing sterilisation operation in Government Hospitals in the State of Tamil Nadu.

(i) Sterilisation operation is done free to all married eligible persons in all Government Hospitals irrespective of their income. For undergoing this, the fathers should not have attained the age of 50 years and the mothers should have completed 21 years of age and they should have two living children at the time of operation, (*vide* G.O. Ms. No. 2367, Health, dated 4th October 1972 and G.O. Ms. No. 1511, Health, dated 27th June 1970.)

(ii) To fathers and mothers with an income of Rs. 200 per mensem, hospital stoppages, confinement charges cost of blood plasma, etc., are waived whenever they undergo sterilisation operation along with at her operation (*vide* G.O. Ms. No. 1610, Health, dated 15th May 1958.)

(iii) A special casual leave for six days is given to all Government and Local Body employees immediately after Vasectomy operation (*vide* G.O. Ms. No. 2739, Health, dated 24th November 1972.) A special casual leave of 20 days is given to all women employees who undergo non-puerperal sterilisation and a special casual leave of one day for all women employees undergoing I.U.D. insertions in G.O. Ms. No. 986, Public Health, dated 19th June 1969. A special casual leave of 7 days is granted for the husband if the wife under goes sterilisation operation (*vide* G. O. Ms. No. 3104, Health, Department, dated 18th December 1973.

(iv) A compensatory allowance of Rs. 60 is paid to fathers and mothers immediately after the operation.

(v) Free ambulance services are provided for to and fro journey to the Hospital for pregant mothers who undergo sterilisation operstion after the delivery (*vide* G.O. Ms. No. 2422, Health, dated 16th October 1970.)

(vi) Hospital stoppage towards costly drugs, etc., are waived in respect of persons who are hosptalised for undergoing Vasectomy operations with hydrocele irrespective of income (vide G.O. Ms. No. 2491, Health, dated 13th December 1965.

(vii) Any person can motivate and bring eligible fathers for vasectomy or tubectomy and they are paid Rs. 10 for each case operated upon (*vide* G.O. Ms. No. 531, Health, dated 14th March 1970.)

(viii) In the rural areas every Panchayat is being paid a compensatory grant of Rs. 10 for case of vasectomy or salipngectomy sent by them to Government Hospitals/Primary Health Centres for meeting the conveyance charges that are paid by the Panchayats to fathers or mothers for their to and fro journeys to the hospitals (*vide* G.O. Ms. No. 1483, Health, dated 12th August 1966.)

(8) *Post-Portum Programme*.—The aim of this programme is to intensity or initiate Family Planning activity in large maternity hospitals when the women booked herself for confinement in such institution. Educational and motivational activities are continued during the lying-in-period and at the time of the 4-6 weeks post-partum check. The hospitals selected for the implementation of this programme have to fully participate in the teaching programme on Family Planning for under-graduates, Nurses and other para-medical staff.

The objective of this programme is to maximise the extent of effective contraception among the target population in the community surrounding the Hospital by focusing on the obstetrical or abortion cases and other types of patients.

(9) *Oral Pill Programme*.—The oral pill programme was first started in this State in the year 1968 on a Pilot Project basis. Subsequently the scheme has been extended to more number of institutions since the Government of India have offered to supply the pills on a large scale. Oral pills are now freely available in Primary Health Centres as well as Government Hospitals. Initially the programme has been extended to only 24 primary Health Centres and 152 Government Hospitals slected vby the State Family Planning Bureau. But the District Medical Officers and District Family Planning, Maternity and Child Health Officers have been authorised to select as many centres as necessary depending on the local demand.

(10) *Maternity and Child Health Programme*.—In order to create confidence among the couples that two or three chlidren they have at the time of undergoing Family Planning operation would survive the health hazards of early childhood, the Maternal and Child Health services are strengthened by the following schemes.

( ) Immunisation of infants and pre-school children against D.P.T. and School children against D.T.

(ii) Immunisation of expectant mothers against tetanus.

(iii) Prophylaxis against nutritional anaemia among mothers and children.

(vi) Prophylaxis against blindness in children caused by Vitamin 'A' deficiency.

(11) *Medical Termination of Pregnancy.*—Prior to 1972, abortions were not permitted to be done in any hospital in the State except on medical grounds to be certified by not less than two recognised Medical Practitioners that the abortion was necessary to save the lift of the mothers. Yet there were many illegal and criminal abortions every year for unwanted pregancies, Such abortions ruined the health of the mother and often led to maternal deaths. To save these women from the clutches of these untrained and unscrupulous people and promote maternal health, the Medical Termination of Pregnance Act was passed in August 1971 and became effective from 1st April 1972. Under the provisions of the Act, Medical Termination of Pregnancies can be performed only in the recognised institutions approved by the Government by doctors certified by the Medical Termination of Pregnancy Board. Doctors in Government Medical Institutions are being given training in Medical Termination of Pregnancy.

Section 2.

EMPLOYEES STATE INSURANCE SCHEME.

1008. I and II. Scope of the Scheme./ The role of Medical Officer and Para-Medical Staff on the implementation of the programme.—The Employees State Insurance Scheme framed in accordance with the provisions of the Employees State Insurance Act of 1948 and aims at giving the worker a sense of social security on a much higher and broader scale by providing means of free medical aid of a higher standard was inaugurated in Tamil Nadu in 1955, in Coimbatore area and later extended to other areas in stages. The scheme applies to factories using power and employing 20 persons or more (*vide* 2 (12) of the Employees State Insurance Act of 1948). The benefits under the Employees State Insurance Act apply to insured workers whose monthly wages do not exceed Rs. 500.

The Employees State Insurance Scheme is administered by a Corporation Body "Employees State Insurance Corporation (E.S.I.C.), which have members representing Employees, Employers, the Central Government, State Government, Medical Profession and the Parliament. The Director-General who is the Chief Executive Officer of the Corporation. is also an ex-officio member of the Corporation and of its Standing Committee. The other bodies at the national level are standing committee (a representative Body of the Corporation and the Medical Benefit Council. a specialised body which advises the Corporation on administration of Medical Benefit. At the regional and local levels the Regional Boards and Local Committee have been constituted. There is thus an association of interests concerned at all levels.

Employees State Insurance Corporation is the trustee of the interests of the insured persons. It discharge its obligation and the duties through a network of Regional Offices and Local Offices spread over the entire country.

The following six benefits are provided under the Employees State Insurance Scheme.

(1)	(2)
1. Medical benefit	This is administered by the Administrative Medical Officer, i.e., Director of Health Services and Family Planning of Tamil Nadu, through out-patients and in-patient and other specialists investigation treatment, etc., through established Employees State Insurance Hospitals/Dispensaries and by arranged bed reservations in the existing Government Hospitals in the State.
2. Sickness benefit. 3. Maternity benefit. 4. Disablement's benefit. 5. Dependent's benefit. 6. Funeral benefit.	These benefits are provided in cash and administered through the Regional Director Employees State Insurance Corporation, established by the Employees State Insurance Corporation.

Medical Officers of the Employees State Insurance Dispensary with the assistance of the anciliary staff employed in the dispensaries give medical advice, out-patient treament including Dressings and supply of mixtures. Tablets and administering injections to the Insured peasons and their families. Whenever specialists opinions are required the insured persons are referred to the Employees State Insurance Hospitals or the nearest Government Hospitals and continue out-patient treatment as per such adice. Whenever it is considered by the hospital uthorites that In-patient treat ent andivestigations arenecessary the Insured persons are admitted in the hospital concernad and discharged after completion of treamtnet and referred back to this Employees State Insurance Dispensaries concerned for follow-up treatment wherver necessary.

III. *Area of operation of the scheme.*—At present, the scheme is in force in all the districts except in Dharmapuri and the Nilgiris. It has made rapid progress covering 37 major industria centres in this State having concesntration of 1,000 or more employees.

IV. *Medical Benefits rendered to Insured Persons and their Families.*—(*Vide* paragraph 8(2) and 8(3) of Employees State Insurance Medical Manual issued by the Employees State Insurance Corporation, New Delhi).

Medical Care is provided in three forms —

1. Restricted medical care, i. e., of the eneral practitioner type-out door medical care.

2. Expanded Medical care i.e., inclusive of the specialist type (including all the investigations, Laboratory, X-ray etc.) short of hospitalisation.

3. Full Medical care, i.e., expanded medical care including hospitalisation.

The Medical care provided to the beneficiaries under the scheme is as follows—

1. O.P. treatment.

2. Free supply of drugs and dressings.

3. Facilities for advanced Laboratory tests and X-ray examinations.

4. In-patient treatment in Hospital.

5. Specialist Services.

6. Ambulance facilities or conveyance charges for going to Hospital.

7. Domiciary visits by Insurance Medical Officers and Insurance Medical Pradtitioners.

8. Maternity treatment consisting of ante-natal, confinement and post-ratal care for workers.

In all the implemented areas the medical care under Employeers State Insurance Scheme is provided to the insured persons and their family members. Full Medical Care is provided to the families of insured persons in the following areas—

1. Madras.

2. Madurai.

3. Coimbatore.

4. Kovilpatti.

In all other implemented are as insured persons get full medical care. But expanded medical care is provided to families.,

(V) **Sharing of expenditure between State/Employees State Insurance Corporation.**—The funds for the scheme are bulit out of contribution from the employees, contribution from employees at the rate fixed by the Employees State Insurance Corporation and the State Government share of expenditure on medical care. The expenditure on provision of medical care under the scheme is in the first instance met by the State Government and the expenditure made by the State Government over and above its share is reimbursed by the Employees State Insurance Hospital

Till the year 1969-70 the entire expenditure incurred on the Employees' State Insurance Scheme in the State has been shared between the State Government and the Employees State Insurance Corporation at the agreed ratio. But from 1st April 1970 onwards, the Employees State Insurance Corporation decided to impose a ceiling on the expenditure per employee per annum and as a result any expenditure incurred over and above the fixed ceiling have to be exclusively borne by the State Government. The Employees State Insurance Corporation has however revised the rates of ceiling from time to time.

Nature of medical care.	*From 1st April* 1970.	*From 1st April* 1972.	*From 1st April* 1973.	*From 1st April* 1974
(1)	(2)	(3)	(4)	(5)
	(PER EMPLOYEE PER YEAR.)			
(i) Restricted medical care	(None under this category in Tamil Nadu.)			
	Rs.	Rs.	Rs.	Rs.
(ii) Expanded Medical Care	54	60	67	70
(iii) Full Medical Care	63	70	80	85

Besides the above per capital ceiling the Employees State Insurance Corporation has agreed to share at the ratio of 1:7 from the year 1973-74 onwards, any expenditure incurred on medicine exceeding Rs. 30 but not exceeding Rs. 45 per employee per annum. The expenditure on capital works (hospitals, dispensaries and staff quarters) under the Employees State Insurance Scheme is solely met by the Employees State Insurance Corporation and the expenditure on Employees State Insurance wards/annexes in Government Hospitals is met only by the State Govesnment and Employees State Insurance Corporation in the agreed ratio.

VI. *Administration of employees State Insurance Hospitals Dispensarise.*—The Director of Health Services and Family Planning is the Administrative Medical Officer of the Scheme. The scheme is administered through a separate Deputy Directorate of Heath Services and Family Planning (under the control of Administrative Medical Officer) consisting of:—

1. The Deputy Director of Health Services and Family Planning (Employees State Insurance).
2. The Assistant Director of Health Services and Family Planning (Employees State Insurance).
3. The Personal Assistant to the Deputy Director of Health Services and Family Planning (Employees State Insurance).
4. Administrative Officer.
5. Senior Accounts Officer.
6. Junior Accounts Officer.
7. Gazetted Assistant.

There are three Employees State Insurance Hospitals in the State at Madras, Madurai and Coimbatore each under the control of a (Medical) Superintendent in the grade of Civil Surgeon Each hspital is having Civil Surgeon specialists in various specialities like Surgery, Medicine, Obstetris and Gynaecology, E.N.T., etc., and other Medical Officers as well as the required Nurse and other Para Medical Staff to look after the various departments of the hospitals.

VII. *Staff pattern programme in Employees State Insurance Dispensaries.*—(*Vide* Paragraph 9(2) of Employees State Insurance Medical Manual of 1971).—There are 101 static and nine mobile Employees State Insurance Dispensaries in the three regions of the State, viz., Madras, Madurai and Coimbatore and they are under the control of separate Regional Administrative Medical Officers. The Assistant Director of Health Services and Family Planning (Employees State Insurance) is the Regional Administrative Medical Officer for Madras Region. The staff pattern of the E.S.I. Dispensaries are as shown below:—

Medical Officer	1	2	3	4	5
Nurses	1	1	1	1	2
Auxiliary Nurse Midwife ..	1	1	1	2	3
Junior Clerk	1	1	1	2	3
Senior Clerk	..	1	1	1	1
Pharmacists	1	2	3	4	5
Laboratory Technicians	One for 25 to 30 examinations.				
Dressers	1	1	2	2	3
Class IV Staff including sweeper, peons, thotee, watchman, ayah, ward-boys, etc.	5	6	7	9	10

N.B.—This is to serve only as a maximum guideline. After the Scheme has been in opertion for sometime Medical Officers can be appointed on basis of work load rather than on number of insured person family units. State Government is free to reduce the staff if the workload so justified. One Medical Officer is expected is to examine 75 cases per day.

VIII. *Family Planning Programme in Employees State Insurance Dispensaries.*—(Family Planning Programme is a Centrally Sponsored Scheme. This programme under Employees State Insurance Scheme is functioning through State Government)—Family Planning services are provided to the insured persons and their families free of cost in all Employees State Insurance Dispensaries.

The following concessions have been granted to the insured persons and their families coming under the Employees State Insurance Scheme within Employees State Insurance Institutions and Government Medical Institutions:—

1. Contraceptives are issued free irrespective of their monthly income.
2. Vasectomy and salpingectomy operation are conducted free in respect of eligible fathers and mothers in the Government Medical Institutions.
3. Pregnant mother, who are willing to undergo sterlisation operation immediately after delivery are admitted, if they so desired in the maternity wards of the Government Hospitals, a few days ahead of the date of delivery.
4. In Madras City free ambulance services are provided to mothers, who are willing to undergo sterlisation operation for journeys from their residences to the Government Maternity Hospitals and back.
5. According to the intensive scheme for the popularisations of surgical methods, a man or woman who undergoes sterlisation operaton is paid Rs. 60 to cover loss of emoluments during the short period of rest after iration and for meeting conveyance charges, etc.

6. Hospital stoppages, confinement charges, cost of blood and plasma and cost of costly drugs are waived, if they undergo sterilisation operation in Government Medical Institutions irrespective of the income.

7. Further the Government have sanctioned the grant of special casual leave not exceeding 8 days to men Government servants who undergo sterilisation and 20 days to married woman Government servants, who undergo non-puerperal sterilisation operation. This concession also applicable to insured persons.

8. Contraceptives are supplied to the insured persons under Employees State Insurance Scheme.

Section 3 Programme relating to Primary Health Centres.

1009. (1) **Scope and objectives of the Primary Health Centre.**—The Primary Health Centre is a multi-purpose unit established at the peripheral level to render preventive and curative and health promotive services to the community and to build up in course of time, positive health of the community. With the responsibilities in the field of health devolving more and more upon the local authorites (Panchayats and Panchayat Union Councils) in the times to come, the Primary Health Centre will have an increasing role to play as a technical adviser to those bodies and to act as their channel of such service to the people.

The State Government, in co-opertion with the Government of India, have launched control (or eradication programme) for certain diseases of great public health importance, like Malaria, Tuberculosis, Small-pox, Yaws, etc., with specially trained staff. Once these programmes reach the stage of sterilisation or maintenance, for decentralisation of such schemes and merging them with the existing health services of the State will naturally have to be fulfilled. The Primary Health Centres will have to take over such responsibilities in future. Such a step not only helps in effecting considerable economy in expenditure, but also in increasing the usefulness of the units to the community. The Primary Health Centre will co-ordinate its activities with that of the specialised services, water-supply, drainage, etc. and work in close collaboration with such agencies at the Block level. The specialised services in the field of environmental sanitation will also provide technical guidance and support to the Primary Health Centre staff in improving domestic sanitation. Such considerations will apply equally to other special schemes like, mass B.C.G. Campaign, Leprosy, Malaria, etc. Lastly, the Primary Health Centre should work in very clase ' collaboration with the Taluk Headquarters and District Headquarters Hospitals so that a satisfactory system of referral of patients from Primary Health Centre to these instituions for evolving a higher and specialised medical care. The services which radiate from the Primary Health Centre and the sub-centres are—

(i) Medical Care.

(ii) Improvement of Vital Statistics.

(iii) Maternal and Child Health Services, including training of Dais.

(iv) Family Planning.

(v) School Health Services.

(vi) Control of Communicable Disease.

(vii) Environmental Sanitation.

(viii) Health Education.

(2) *Medical care.*—A Primary Health Centre with the limited staff and a large population of 80,000 will not be in a position to tender medical care to all those who may require it in the area. The opitmum population that could be covered efficiently and effectively by a Primary Health Centre is accepted to be in the neighbourhood of about 20,000 to 25,000 living within the radius of five kilo meters from the main centre and to 3.2 kilo meteres round about each of the sub-centres. Such consideration apply equally to the utilisation of Maternal and Child Health Services by the people in rural areas. So the first step in the organization of services from a Primary Health Centre would be to demarcate the area of coverage and population that would be within the radius mentioned above. Approximately a population of 10,000 round about mall centre and 5,000 round about each of the sub-centre of the Primary Health Centre would an optimum for the centre to cater to effectively.

The choice of the village to be included in the Intensive Public Health Area will be made by the Primary Health Centre Medical Officer in consultation with his health staff, the district Health Officer and the Panchayat Union Council. The rest of the area of the Primary Health Centre will constitute the "Non-Intensive Public Health Area".

Out patient load.—At present the out-patient load of a Primary Health Centre is about 150 to 200 in a main centre and about 50 in each of the sub-centres. Analysis of this case load has shown that the 'old' cases who return for medicines, account for 50 to 60 per cent of the load making an average of about 40 to 75 cases per day. Most of these old cases will not repuire the personal attention of the medical officer but may have to be attended to only by the Pharmacist who issues the drugs and mixture for them. If the out-patient work could be ratiolalized by education of these old-patient to take their drugs and medicines from the Pharmacists on their return visit, the medical officer could spend more time on the 'new' centre As for chronic cases, the intervals between visits should be as long as possible. many long term cases the medical Officer can presctibed a month's supply of drugs with instructions for the patient to return to the pharmacist once a week or once in two weeks for his supply.

The out-patient loads represents the culmination of those diseases existing in the community and which are preventible. Very often sick patients visiting the out-patient department are compelled merely by force of circumstances to seek the aid of the doctor—more often in a chronic state of ailment.

The Medical Officer could utilize the thus from saved from out-patient clinics for the type of work listed below:—

(*a*) Visits to the 'Intensive' area villages and schools with Health Visitor and Health Inspector for School Health Work, Environmental Sanitation Programme—Organising village groups for Public Health Programmes like D.P.T. Programme.

(*b*) Planning with other staff and the Block Development Officer for the Public Health Work in the area.

(*c*) Bringing records and statistical data up-to date.

(*d*) Conducting Maternal and Child Health and special clinics for Tuberculosis, Leprosy, etc., at the main centre on a regular basis.

As the out-patient load in the sub-centre does not average, more than 20 to 25 new' cases, it should not be necessary for the Medical Officer to spend more than an hour on the out-patient work during his sub-centre visits. The rest of the time is availble to the Medical Officer and his para-medical staff for doing Public Health Work in the villages situtated in the intensive Public Health area of the sub-centre. As the Medical Officer visits the sub-centre once a week, at would be advisable for him to leave some stock of medicine with the Maternity Assistant for issue to cases so that it will last the patient till the Medical Officer's next visit to the centre.

In-patient Care.—In view of the fact that bed provision in a Primary Health Centre has been kept to a minimum in order to free the doctor for public health and preventive services, there should be some firm arrangements with Taluk Headquaerters and District Headquarters hospitals for the referred of cases which need a higher type of medical care. The practice hitherto followed in such contingencies may be continue even now. This will apply to matetnity cases which develop complications or which in the opinion of the Medical Officer requisities to be referred to a higher medical centre. A proper and close liasion between the Primary Health Centre and referral hospital in the districts must be developed. It should also be ensured that the referral hospitals send back to the Primary Health Centre a report about the attention or treatment given to the patient and any advice regarding follow up. Such a step will ensure proper follow-up of the case by the Primary Health Centre staff even after discharge from the referred hospital.

(3) *Maternity and Child Health.*—Ordinarily Public Health activities are concerned with the well being of all groups in the community without any distinction of age, sec, race, etx. But the pregnant mother and the child have been considered to require special attention in view of the special risks the mother is exposed to, during pregnancy and the child is exposed to in an adverse environment. There is urgent need to minimise the undesirable influences of the mother during the period of pregnancy which may affect subsequently the health of the mother and the expected infant and may even jeopardise their lives. Though some progress has been made in the field of Maternal and Child Health much remains to be done to reduce the mortality and morbidity occuring among this vulnerable group by a well conceived and executed Maternal and Child Health Programme in the area served by the Primary Health Centre. The reponsibility for these services is to be laid on the community and greater emphaisis must be laid on health promotional activities and preventive services. Conscious effort must be made by the Medical Officer, Health Visitor and Maternity Assistants in the Primary Health Centre to build up the

Every Panchayat Union Council is authorised to open Maternity Centres on the basis of one for every 10,000 population subject to a minimum of ten for a block. It shoud be obvious that the services availbel are far too in adequate for the care of all mothers and children in a bolck. Therefore, a need arises for supplementing the Maternity Assistant's services by that of *Trained Dais* in villages.

In the field of Maternal and Child Health, it is necessary for the staff of the Primary Health Centre and the District Officer to carry out a well conceived and inter-related series of Health activities each of which looks forward to the subsequent period s of life (infant, pre-school, School child, etc.). The objectives of all phases of the programme should be both *Service and Education.*

This service should include the following: —

(*a*) Institutional midwifery in th Primary Health Centre itself where provision exists for four beds.

(*b*) Domiciliary midwifery to be conducted by the Maternity Assistants of the main and sub-centres.

(*c*) Pre-natal and post-natal care of mothers in the clinic and in the houses.

(*d*) Care of the nursing mother and of the infant up to one year of age and pre-school child.

(*e*) Training of practising Indigenious Dais and continious supervision of their technique of domiciliary midwifery.

(*f*) Care of the School children dealt with under "School Health".

(4) *Family Planning Programme in the Primary Health Centres in State of Tamil Nadu.—Services Provided.*—The Health Visitors in the Primary Health Centre have been trainined in Family Planning for a period of a fortnight at the Family Planning Training Institute, Government Hospital for Women and Children, Madras. Some of the Maternity Assistant been trainined in Family Planning. They live advice to mothers attending the Primary Health Centre and Maternity Sub-cettres on Family Planning and also distribute contraceptives to mothers willing to follow some method. Mothers willing to undergo salpiogectomy are referred to the near by Government Hospitals for the same. Where the husband is willing to undergo vasectomy, he is advised to et the operation fdone at the Primary Health Centre itself, if there are facilities for the same. Otherwise, he is referred to the nearest Government approved sur ery for perdormin fthe casectomy operations. Contraceptives are stocked in all Primary Health Centres. They will be stocke in all sub-centre and Maternity and Child Health Centres in the block also. The Medical Officer, Primary Health Centre may alsi explore the possiblilty of designitinga leaders in villages as "Depot holders" for contreczptives on a voluntary baisis. But it must be ensured that theseleaders are accepteable to the community as depot holders. Thet work of the Maternity Assistants in the distribution of contarceptives to mothers and the edicational effort in this direcion Ms sipervised by the Health Visitor.The Grama Sevaks of tje bolck are aldo incharge of distribution of condoms to the villafers hwo require them and th aHealth Inspector is expected to supervise this distribution.

Approved Surgeries.—Facilities for vasectomy operation have been provided in most of the Primery Health Centres.

The Medical Officers working in these Primary Health Centres have been trained at them District Headquarters Hospital for a period of a week in vasectomy operation. Whenever a new Medical Officer is posted to be Primary Health Centre, the District Medical Officer arranges for his training in vasectomy for period of a week at the District Headquarters Hospital. The District Health Officers will, in future, be responsible for getting the Medical Officers trained at the District Headquarters Hospital in consultation with the District Medical Officers. (Family Planning is a centrally sponsored Scheme).

(5) *Control of communicable diseases.*—Role of Primary Health Centres in the Tubesculosis—Control Programme.—A national plan for the control of tuberculosis has been worked out which envisages the setting up of District Tuberculosis Control Centres based on District Tuberculosis Clinics in the headquarters town of the district where specialist services for diagnosis. X-ray treatment, B.C.G. vaccination, etc., will be established.

The emphasis in the District Tuberculosis control Scheme will be on the community aspects tuberculosis rather than on the medical care of the individual patient as in the past. Thus, the approach is shifted from the purely clinical to the public health. Here the specialist staff is reduced to the minimum while utilizing all the Public Health Personnel and institution available in the

district to the maximum. The institutions available in a district are : Taluk Headquarters Hospitals, Primary Health Centres (including the Sub-centres and other Panchayat Union Maternity Centres) and Rural Dispensraies. All the institutions will help to bring the Tuberculosis services within the reach of the entire community and also help to develop the general health services.

Improvement of vital statistics should be achieved through the periodical verification of birth and death registers.

School health services should be delivered by the Medical Officer of Primary Health Centre by making periodical visits to schools. Followup of cases should be given special attention.

Improvement of environmental esanitation is one of the essential duties of Primary Health Centre. Supply of protected water and safe disposal of excreta and refuse are important for every village. This could be achieved through the co-operation of the Panchayats. Health Education of the people by all the staff of the Primary Health Centre is an importantstep to achieve objectives of the Primary Health Centre in all programmes.

(6) *Responsibilities of the staff of Primary Health Centre in the programme*—(a) Medical Officer-As soon as the diagnosis of Tuberculosis is made and a decision on the line of treatment taken Primary motivation of a patient in regard to (a) regular self-administration of prescribed drugs (b) need for the methods of prevention of spread of infection to members of the family must be done by the Medical Officer. He will also periodically make house visits specially to drug-defaulters to bring them vack to the clinic and to open cases to ascertain whether the patient is following the advice given regarding the prevention of disease. He will maintain a register of all cases in which names of family contacts and examinations of contracts are recorded.

(*b*) *Health visitor.*—(i) Advise the patient that he must cover his mouth while coughing avoid close contact particularly with children.

(ii) Advice the patient on proper collection and disposal of sputum. A demonstration of how his is done will be very effective in educating the patient and members of the family is an important preventive measure.

(iii) Educate the patient to be regular with in take of drugs for the prescribed period. She can unobstrusively check what is left of the last supply of drugs.

(iv) Advice the contacts to have B.C.G. vaccination when the B.C.G. Team arrives in the area.

(v) Prepare sputum smears from symptomatic cases during her visits to villages and sub-centres. Visits to the homes of the patients should be made as a routine by the Health Visitor in order to encourage the patient to be regular in his treatment and also to impress upon the patient to bring the contracts who may develop symptoms for examination.

(*c*) Health Inspector.—(i) Assist the B.C.G. Team during the planning and operational stages of the campaign in the block. He will enlist the co-operation of the Official agencies and non-Official agencies for a successful B.C.G. Campaign.

(ii) Educate the public about the preventive aspects of T.B. during his visits to the village.

(iii) Check drug defaulters and bring them to the B.C.G. for care and advice.

(iv) Collect sputum smears from rural dispensaries and sub-centres for processing and examination at the Primary Health Centre his rounds.

(*d*) Maternity Assistant.—(i) Check drugs defaulting.

(ii) Educate the patients living within her jurisdiction on preventive measures, particularly on sputum collection and disposal.

(iii) Prepare sputum smear sumptomatic cases and send them on to the Primary Health Centres for further examination.

(7) *Responsibilities of the staff of primary Health Centre.*—(a) *Medical Officer.*—He will arrange for conducting leprosy clinics in endemic areas on specific days in the Primary Health Centre and sub-centres. If this means duplication of the work of a control unit already functioning in the area, he should restrict his clinic days to such of those cases that find it difficult to reach the treatment centres established by the control units. This will supplement the work of the control unit.

He will maintain a family register of cases and their contacts with details of the results of clinical examination.

He will conduct as part of the School Health Inspection Programme leprosy survey among school children and bring the children under treatment.

He will be responsible for primary motivation of the patient in regard to regular treatment an preventive measures to be adopted on the lines indicated under Health Education Patient.

He will render whole hearted co-operation to the Leprosy Control Units Functioning in the area of Primary Health Centre.—Both for the purposes of diagnosis and for the management of the treatment in the best interest of the patient.

He will have a leprosy map of the area prepared showing the prevalence of infection according to localities.

The doctor can occasionally meet community groups to give information point out the treatment defaulter problems and get community support for leprosy control.

(b) *Health Visitor.*—She will assist the Medical Officer in the examination of school children specially girls.

She will follow up the infected school child to the home and examine the female members of the house-hold for any sign of leprosy.

During the pre-natal and mothers and infants clinics at the main and sub-centres, she will pay special attention to the detection of cases among this group and bring them to the Medical Officers attention for advice and treatment. She will do education on leprosy in the homes and in schools. She will check on the regularity of treatment in female cases registered at the Primary Health Centre.

She can meet women groups and help them to understand the problem and preventive. measures in leprosy.

(c) *Health Inspector.*—He will assist the Medical Officer in the examination of school children.

He will conduct surveys in the Villages where leprosy is prevalent and bring the cases to the notice of the Medical Officer.

He will follow up contacts of registered leprosy cases in order to spot early any signs of leprosy particularly among children under 15 years.

He will check drug defaulters and bring them to the clinic for treatment.

He will conduct Health Education in schools, panchayats, etc., in the community on the lines indicated above under "Health Education of Community".

He will prepare a leprosy map of the area showing the prevalence by localities.

He will assist the Medical Officer on clinic days in regard to treatment.

(d) *Maternity Assistant.*—During their home visits they must be on the look-out for leprosy cases among women and children and bring such cases to Medical Officer at the Primary Health Centre or to the Sub-centres. They will do health Education among mothers about leprosy.

They will check on the regularity of treatment among women patients registered at the Primary Health Centre in their jurisdiction of the Sub-centre.

Based on guidelines contained in the Primary Health Centre Manual issued by Director of Public Health.

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